

Hall of Fame Nomination Form
Centralia High School Alumni Association

Your Name _____ Date _____

Address _____

City/State _____ Zip Code _____

Home Phone _____ Work/Cell Phone _____

Email _____

I wish to nominate the following individual for membership in the CHSAA Hall of Fame:

Name _____

- Your relationship to Centralia High School

- The relationship of this nominee to Centralia High School

- Explain why you feel this individual is deserving of membership in the CHSAA Hall of Fame:

- Additional Information you may have about the individual you are nominating:

- Names of other individuals who share your support for this nominee:

Signed _____ Date _____ 20_____