

**SOUTHINGTON LOCAL SCHOOL DISTRICT**  
*Chalker Athletic Hall Of Fame*  
**NOMINATION FORM**

*Purpose:* To recognize and honor those men and women who have displayed outstanding abilities in athletics and/or made a profound and significant athletic contribution to the Southington Local Schools and community.

**CATEGORIES AND CRITERIA FOR NOMINATIONS**

1. A nominee must have graduated from Chalker High School and his or her class must have graduated at least 5 years prior to selection.
2. The committee also reserves the right to consider any non-graduate as long as they meet the requirements of their commitment to school and community.

NAME OF NOMINEE: \_\_\_\_\_

CLASS: \_\_\_\_\_

ADDRESS OF NOMINEE: \_\_\_\_\_

PHONE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

HOW ARE YOU FAMILIAR WITH THE NOMINEE? \_\_\_\_\_

IF YOU ARE NOT A RELATIVE OF THE NOMINEE, DO YOU KNOW WHERE WE MAY CONTACT A FAMILY MEMBER IF NEEDED?

\_\_\_\_\_

WHY DO YOU BELIEVE THIS PERSON SHOULD BE SELECTED TO THE SOUTHINGTON LOCAL SCHOOL'S ***Chalker Athletic Hall Of Fame?*** PLEASE INCLUDE ANY FACTS, FIGURES, SPECIAL HONORS, CONTRIBUTIONS, OR OTHER MATERIAL, WHICH WILL BE OF ASSISTANCE TO THE SELECTION COMMITTEE. NO NOMINATIONS WILL BE CONSIDERED WITHOUT THESE FACTS INCLUDED. PLEASE USE EXTRA PAPER IF NECESSARY AND RETURN TO:

**Chalker Athletic Hall of Fame**  
**PO Box 218**  
**Southington, Ohio 44470**

***NOMINATION FORMS MUST BE RETURNED NO LATER THAN AUGUST 15<sup>TH</sup>.***