



HALL-OF-FAME NOMINATION FORM – PLAYER

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

E-mail Address: _____

PLAYING CAREER:

High School Attended: _____

High School Honors:

Post High School Honors:

Return Application to:

Brian Papa
9241 Star Court
Frankfort, IL 60423