

Sharpsville Area Athletic Hall of Fame Nomination Form

Please complete the form and submit to the HS Principal before July 10th

Nominee's Full Name: _____

Address: _____

Year of Graduation: _____

Please describe your reasons for nominating this person into the Sharpsville Area Athletic Hall of Fame:

Nominator's Name: _____

Nominator's Email: _____

Nominator's Phone: _____

Send all applications to:

Athletic Hall of Fame Nominations
c/o HS Principal
301 Blue Devil Way
Sharpsville, PA 16150