

Sharpsville Area Athletic Hall of Fame Nomination Form

Please complete the form and submit to the Central Office (all information must be completed to be considered for Hall of Fame)

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 Address: _____

Nominator's Email: _____

Nominator's Phone: _____

Send all applications to: Athletic Hall of Fame Nominations
c/o Mrs. Michelle Fox
1 Blue Devil Way
Sharpsville, PA 16150