

**MUKWONAGO HIGH SCHOOL ATHLETIC HALL OF FAME
NOMINATION PAPERS**

DATE OF SUBMISSION: _____

NAME OF NOMINEE: _____

YEARS OF ATTENDANCE AT MHS 19____ - 19____

CURRENT ADDRESS: _____

CURRENT PHONE NUMBER: _____

NAME OF PERSON NOMINATING: (IF NOT NOMINEE) _____

PHONE NUMBER: _____

BIOGRAPHY OF ATHLETIC ACHIEVEMENT WHILE AT MHS:

(Use separate sheet if necessary)

BIOGRAPHY OF POST HIGH SCHOOL (ACTIVITIES, CAREER, ETC.):

(Use separate sheet if necessary)

DUE BY MARCH 30! - - - - MAIL TO MHS ATHLETIC OFFICE
c/o HALL OF FAME COMMITTEE
605 W. SCHOOL ROAD
MUKWONAGO, WI 53149