



**IMMACULATE HEART ACADEMY &
IMMACULATE HEART CENTRAL SCHOOL
IHA/IHC ATHLETIC HALL OF FAME
NOMINATION FORM**

Your Name: _____ Tel: _____ Email: _____

Nominee Name: _____ IHA/IHC Class ____ Living/Deceased? (circle one)

Nominee Current Organization & Position: _____

Nominee Home Address: _____

Nominee Home Phone: _____ Mobile: _____ Work: _____ Email: _____

Category: (Check One)

_____ Student Athlete _____ Special Contributor _____ Team

_____ Coach/Administrator _____ Other (please specify): _____

Sport(s) nominee played/coached/administered/supported(if applicable) and the number of years involved with the program(s). (Please specify the years the nominee was affiliated with IHA/IHC): _____

Special contributions/accomplishments to IHA/IHC athletics _____

Why should this person(s) be in the IHA/IHC Athletic Hall of Fame? Attach additional statements if necessary. _____

Other person(s) to contact for more information about the nominee:

Name: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Email: _____

Address: _____ Email: _____

Submit Form to:

Tom O'Brien, Director of Athletics, IHC High School, 1316 Ives Street, Watertown, NY 13601
tom.o'brien@ihcschool.org Tel: 315-788-4670 ext 207; fax: 315-788-4672

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