

NOMINATION FOR CCS COUGARS SPORTS HALL OF FAME

APPLICANTS

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

TELEPHONE:

DAY: _____ EVENING: _____

CATEGORY: (PLEASE CHECK)

HIGH SCHOOL ATHLETE _____

COACH _____

COLLEGE OR PRO ATHLETE _____

TEAM _____

FRIEND OF SPORTS _____

1: ATHLETE (HIGH SCHOOL OR COLLEGE OR PRO)

YEAR GRADUATED FROM CCS: _____

COLLEGE

ATTENDED: _____

YEAR ATTEND COLLEGE: _____ TO _____

OTHER:

(PRO, ETC) _____

YEAR APPLICANT EARNED A LETTER: _____;

NAMED TO All- _____

ALL-CONFERENCE _____;

ALL-STATE _____;

ALL- AMERICAN _____

WHICH SPORT(S) WAS AWARD

EARNED: _____

OTHER INFORMATION THAT WOULD QUALIFY THE APPLICANT FOR CCS
COUGAR SPORTS HALL OF

FAME: _____

2: COACH:

CINCINNATI CHRISTIAN SCHOOL SPORTS(S) COACHED &

YEAR(S): _____

REASON FOR

NOMINATION: _____

3:TEAM: _____
YEAR(S): _____
SPORT: _____
RECORD: _____
REASON FOR
NOMINATION: _____

4: FRIEND OF SPORTS:
REASON FOR
NOMINATION: _____

NAME OF PERSON MAKING
NOMINATION: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: DAY: _____
EVENING: _____
E-MAIL ADDRESS: _____
DATE OF NOMINATION: ____/____/____