

Jackson Liberty High School Athletic Hall of Fame Nomination Form



NOMI	NEE'S NAME:			
YEAR (OF GRADUATION:			
PRESE	NT ADDRESS:			
NOMI	NEE'S TELEPHONE #:			
NOMINATING PERSON:				
NOMINATING PERSON'S PHONE #:				
1.	Jackson Liberty High School Athletic Career:			
	A. Teams played on:			
В.	Number of years on each team and award (varsity letter):			

C.	List a	ny records, awards or honors nominee received while participating on these teams			
	(Ex. A	All Conference, All Group, etc.):			
II.	Jackson Liberty Coaching Experiences:				
	A.	Team(s) coached:			
	В.	Years coached:			
	С.	Record of teams coached:			
	D.	Championships or honors received as coach:			
 III.	Athle	etic Career after Jackson Liberty (include college, amateur, professional sports & coaching)			

IV. Present Position (in	clude employment, educational and community participation)
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Please return this form to:	Athletic Hall of Fame
	Jackson Liberty High School 125 N. Hope Chapel Road Jackson, NJ 08527
	soconnor@jacksonsd.org
If you have any questions,	please call (732) 415-7011
Thank you for your help.	
Jackson Liberty High Schoo	l Athletic Hall of Fame Committee