



**Jackson Liberty High School
Athletic Hall of Fame
Nomination Form**



NOMINEE'S NAME: _____

YEAR OF GRADUATION: _____

PRESENT ADDRESS:

NOMINEE'S TELEPHONE #: _____

NOMINATING PERSON: _____

NOMINATING PERSON'S PHONE #: _____

I. Jackson Liberty High School Athletic Career:

A. Teams played on:

B. Number of years on each team and award (varsity letter):

C. List any records, awards or honors nominee received while participating on these teams

(Ex. All Conference, All Group, etc.):

II. Jackson Liberty Coaching Experiences:

A. Team(s) coached:

B. Years coached: _____

C. Record of teams coached:

D. Championships or honors received as coach:

III. Athletic Career after Jackson Liberty (include college, amateur, professional sports & coaching)

IV. Present Position (include employment, educational and community participation)

Please return this form to: Greg McClain, Athletic Hall of Fame
Jackson Liberty High School
125 N. Hope Chapel Road
Jackson, NJ 08527

If you have any questions, please call (732) 415-7011

Thank you for your help.

Jackson Liberty High School Athletic Hall of Fame Committee