

St. Mary Catholic Hall of Fame
 Nominee Information

Name: _____ **DOB:** _____ **Graduation Year:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Zephyr Athletic Participation (*please include only Varsity experience*):

Sport	Years Participated	Team Honors	Other Honors

Most fond memory of your athletic career at St. Mary Catholic:

College / Post-Secondary Education: _____

Course of Study / Major: _____ **Graduation Year:** _____

Participation, if any, in sports other than at SMCHS (*including professional*):

Coaching background (*if applicable*):



Community Involvement:

Professional accomplishments:

Other information about yourself (*family, hobbies, interests, etc.*):

Persons available for other information about your athletic career at SMCHS (*please include phone or email*):

Additional Comments:

Thank you! Please return this form to:

Adam Bates, SMCHS Activities / Athletic Director
1050 Zephyr Drive, Neenah, WI 54956
abates@smcatholicschools.org
920.722.7796 Ext. 801