

**WEST LINN HIGH SCHOOL
HALL OF FAME
NOMINATION FORM**

Candidate Name: _____

Address: _____
Street

City	State	Zip
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Phone: _____

WLHS Graduate: Yes _____ Year Graduated _____ No _____

Candidate was (please check all that apply):

_____ Athlete _____ Coach _____ Team _____ Booster/Community Member

High School Sports, Letters won, Positions Played and Honors Won by Year:

Other High School Activities, Awards/Honors:

College Attended and Years Attended: _____

College Sports Played and Honors Won: _____

Professional/Masters Sports Experience and Years: _____

Career Experience: _____

Honors/Contributions to the Community Beyond the School: _____

Personal Information: _____

Additional Space: _____

Name of Person Placing Nomination: _____

Phone No: _____ **Cell No.:** _____

Address: _____

Please return application to:

**West Linn High School
Hall of Fame Committee
5464 West A Street
West Linn, Oregon 97068**