



**OSCODA HIGH SCHOOL
ATHLETIC HALL OF FAME
NOMINATION FORM**

DATE _____

Hall of Fame Nominee _____

Address _____

Phone: () _____ cell () _____

Email address _____

Name(s) of Spouse and children _____

If deceased, please give date of death and address of nearest living relative: _____

Years the nominee attended or was employed by Oscoda High School _____

Year nominee graduated from Oscoda High School, if applicable. _____

Person making nomination:

Name _____

Address _____

Phone () _____ cell () _____

Email address _____

