

**CAMPBELL COUNTY HIGH SCHOOL ATHLETIC HALL OF FAME
Nomination Form**

Name of Nominee: _____

Address: _____

Phone: _____ **(home)** _____ **(cell): Graduation Year:** _____

Sports Participation: _____

Brief Accomplishments: _____

Areas of Nomination: CCHS Alumni Athlete, who performed with excellence and lettered in a varsity sport. Must be a graduate and out of school for ten years. Nominees must be a credit to their school and community, and they must exemplify the highest standards of ethical and moral conduct/ sportsmanship. Accomplishments and contributions will be considered as they relate to high school and college athletics. (Most of the emphasis will be on contribution and achievement at CCHS).

1. **State Champions:** _____

(Must have been a State Champion in a K.H.S.A.A. event)

2. **All-State:** - _____

(Must have been All-State in any team sport selected by an officially recognized All-State Board. This does not include All Tournament Team.)

3. **Post High School:** _____

(Alumni who earned varsity athletic letters during high school and, after high school, brought honor to C.C.H.S. by their athletic achievements - including coaching and athletic participation.)

4. **Coaches:** _____

Head coaches who have coached on the varsity level for at least ten years, with a minimum of 4 years as head coach, won state titles or numerous regional, district or conference titles, and/or have coached individuals who have won state titles or received all-state honors.

5. **Former CCHS athlete or coach:** _____

Any CCHS athlete or coach, whose career was deemed outstanding despite the lack of state or region title, or someone who has set national, state, region, local or career school records during their career at CCHS. Records would be indicative of the era in which they competed and are at the discretion of the committee.

6. **Distinguished Service Award:** _____

A CCHS alumnus who has been a loyal and devoted volunteer of CCHS athletics in the areas of officiating, junior programs, boosters, medical services, and volunteer. Person may not be employed (paid) in that position.

Nominator _____ Phone _____