KINGSLAND ATHLETIC BOOSTER CLUB
HALL OF FAME
NOMINATION FORM

Nominee:_____
Last First Middle
Present Address:_____
Phone Numbers:_____(home)_____(work)
Birthdate:_____ Single:_____ Married:_____ Deceased:_____
Spouse's Name:_____
Children & Ages:_____
_____

Nominated as: ___Coach, ___Administrator/AD, ___Athlete, ___Supporter of Athletics

Nominating Person or Group:_____

Rationale for Nomination:_____
_____

Personal History: Hometown or School: _____Year: _____
College: _____Year: _____
HS Honors: _____
College Honors: _____

Kingsland History (SV/W/K): (sports-school-years) _____
_____

Awards, Honors & Highlights: _____
_____

Present Status:_____

Organizations & Honors (other than athletics):_____
_____

Coaches Association Involvement (if applicable):_____
_____

Impact on Athletics at Kingsland (SV/W):_____
_____

Other: _____
_____

Nominated by: _____ Date:_____

Send Nominations to: Kammy Fenske 817 Crestwood Ct, Spring Valley, MN 55975
Or e-mail to: kammyfenske@hotmail.com