

ANDERSON RECREATION DEPARTMENT HALL OF FAME NOMINATION FORM

Fill out the information form as thoroughly as possible to ensure equal representation for all nominees

Nominee Information

Category (check one): Athlete Coach/Volunteer Administrator/Official Sponsor/Contributor

Full name (w/middle initial): _____

Current home address: _____

Home phone: _____ Work phone: _____ E-mail: _____

Present employment: _____

If retired, date of retirement: _____

If deceased, date of death: _____

Name of spouse (or closest living relative with address and phone number): _____

Sports participated/coached/volunteered in: _____

Honors & Accomplishments (please provide details and /or explanations): _____

Nominator Information

Full name (w/middle initial): _____

Current home address: _____

Home phone: _____ Work phone: _____ E-mail: _____

Signature: _____ Date: _____

All information must be completed with two supporting letters of recommendation on or before June 15th..

Mail or fax nomination form and all supporting materials to:

Deborah Foster – Facilities, Special Events, and Promotions Director

1107 N. Murray Ave. Anderson, SC 29624

864-231-2232 Fax 864-231-2298 Email: dfoster@cityofandersonsc.com