

Hunter Athletic Hall of Fame Nomination Form

NAME OF NOMINEE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ GRADUATION CLASS: _____

CATEGORY: Student-Athlete Coach Athletic Staff Team Deceased

Sport(s) Participated in at Hunter

SPORT	POSITION	YEAR(S)	HONORS, RECORDS & AWARDS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Statement of Support

(Continue on back if necessary)

Please attach any additional information, news clippings, etc., which would assist the committee in evaluating the nominee.

NOMINATOR'S NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

* Nomination will not be accepted without Name of Nominator and Contact Number.

Please return form and attached information to:
Joseph DeBenedictis, Sports Information Director
c/o Hunter College, West Building Office 312
695 Park Avenue
New York, NY 10061