



**NOMINATION FORM FOR CLASS OF 2024
HAMILTON TOWNSHIP HIGH SCHOOL
ATHLETIC HALL OF FAME**

Nominee's Name: _____

Address: _____

Phone: _____ E-mail: _____

Graduating Year: _____ Years of Service: _____

If nominee is deceased, please provide name, address and phone number for surviving family members.

Name: _____

Phone: _____ E-mail: _____

Address: _____

Please submit the completed form by May 1, 2024 to:

Hamilton Township High School Athletic Department
Hall of Fame Nomination
Attention: Susan Sewell
1105 Rathmell Road
Columbus, OH 43207