

Lutheran High School Sports Hall of Fame Nomination Form

Please include as much detail as possible. Information on this form will be used to determine induction. Any additional information not requested on this form may also be attached and submitted. If you prefer, paper forms are available at the Lutheran High school athletic office and on the RLS website.

For additional information call Athletic Director Mr. Gary D Griffin at 815-877-9551
Ex#116.

Lutheran High School Sports Hall of Fame
3411 North Alpine Rd
Rockford, Il 61114

ROCKFORD LUTHERAN



HIGH SCHOOL SPORTS HALL OF FAME



APPLICATION FORM ROCKFORD LUTHERAN HIGH SPORTS HALL OF FAME

APPLICANTS NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

TELEPHONE: DAY: _____ EVENING: _____

E-MAIL ADDRESS: _____

CATEGORY: (PLEASE CHECK ALL THAT APPLY)

HIGH SCHOOL ATHLETE _____ TEAM _____ COACH _____ FRIEND OF SPORTS _____

COLLEGE ATHLETE _____ PRO ATHLETE _____

1: ATHLETE

YEAR GRADUATED FROM LUTHERAN HIGH SCHOOL: _____

YEARS APPLICANT EARNED LETTERS: _____

NAMED TO ALL: _____

ALL-CONFERENCE (year) _____; ALL-STATE; (year) _____;

ILLINOIS EAST / WEST ALL STAR TEAM; (year) _____;

ALL- AMERICAN (year) _____.

WHICH SPORT(S) WAS LETTERS EARNED: _____.

COLLEGE ATTENDED: _____

YEAR ATTEND COLLEGE: _____ TO _____

OTHER INFORMATION THAT WOULD QUALIFY THIS ATHLETE FOR THE LUTHERAN
HIGH SCHOOL SPORTS HALL OF FAME:

2: COACH

LUTHERAN HIGH SCHOOL SPORT(S) COACHED _____

_____ Years : _____

REASONS FOR NOMINATION THAT WOULD QUALIFY THIS COACH FOR THE LUTHERAN HIGH SCHOOL SPORTS HALL OF FAME:

3: TEAM

YEAR(S): _____ SPORT: _____

RECORD: _____

REASONS FOR NOMINATION THAT WOULD QUALIFY THIS TEAM FOR THE LUTHERAN HIGH SCHOOL SPORTS HALL OF FAME:

4: FRIEND OF SPORTS, COLLEGE ATHLETE, PRO ATHLETE

REASONS FOR NOMINATION THAT WOULD QUALIFY THIS FRIEND, COLLEGE ATHLETE OR PRO ATHLETE FOR THE LUTHERAN HIGH SCHOOL SPORTS HALL OF FAME:

Please attach any news articles or information that would be helpful to the committee in the selection process.

Use reverse side for additional information if needed.

This nomination will be held open for ten years or until this nominee is inducted into the hall of fame.

NAME OF PERSON MAKING NOMINATION:

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

PHONE: DAY: _____ EVENING: _____

E-MAIL ADDRESS _____

DATE OF NOMINATION: ____/____/____

SEND TO:

RLHS Sports Hall of Fame

[Selection Committee Chairman](#)

In care of Gary D Griffin

3411 North Alpine Rd

Rockford, IL 61114

You may E-mail the selection committee to verify that your application has been received in a timely fashion. Please use this E-mail address to correspond with the selection committee; RLCrusaderathletics@Gmail.com