

SPRINGFIELD HIGH SCHOOL HALL OF FAME

NOMINATION FORM

Please circle the category for which you are nominating:

Athlete	Team	Coach	Extraordinary Service
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Nominee: _____

Sex: M / F

Birthday: _____

Class Of: _____

Is Nominee Deceased? Y / N If not deceased please fill out contact information:

Address	
City, St., Zip	
Phone Number	
Email	

Sports participated and accomplishments on each sport:

Sport	Accomplishments

Information on person making Nomination:

Name	
Address	
City, St., Zip	
Phone Number	
Email	

This form must be received no later than July 1st, 2022. It can be dropped off in school office during normal business hours, emailed to ryan.serpas@lpsb.org, faxed to (225) 294-4800, or mailed to PO Box 39 Springfield, La. 70462