

**ALDEN ATHLETIC WALL OF FAME**

**NOMINATION FORM  
(Inductions to take place Homecoming Weekend)**

I would like to nominate:

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Or

Retirement Year: \_\_\_\_\_

Sports he/she participated in:

Sport \_\_\_\_\_ Years \_\_\_\_\_

Sport \_\_\_\_\_ Years \_\_\_\_\_

Sport \_\_\_\_\_ Years \_\_\_\_\_

Special recognition/outstanding achievement while at Alden? \_\_\_\_\_

\_\_\_\_\_

Person completing form:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_

**Please return form to:**

Alden Central Schools, Attn: Matthew Librock  
13190 Park Street  
Alden, New York 14004