

**Tourtellotte Memorial High School Athletic Hall of Fame  
Athletic Hall of Fame Nomination Form**

Nominee's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Nominee's Home Address: \_\_\_\_\_  
\_\_\_\_\_

Nominee's Home Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

Nominated By: \_\_\_\_\_ Phone: \_\_\_\_\_

Teams and years on which the nominee played: \_\_\_\_\_  
\_\_\_\_\_

Provide a brief description of the nominee's athletic accomplishments while at TMHS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide a brief description of the nominee's accomplishments after TMHS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide a brief summary as to why this individual or team should be considered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other comments: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**TOURTELLOTTE MEMORIAL HIGH SCHOOL ALUMNI ASSOCIATION**

PO Box 437 - North Grosvenordale, CT 06255

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