Qualifications for Nomination:

1. Must be a graduate of Manchester High School.

2. Participated in one or more sports, demonstrated a reasonably high degree of skill and performance, and lettered in a varsity sport.

3. Demonstrated evidence of leadership, courage, and high moral standards.

4. Must have earned the respect and admiration of the students and the faculty of Manchester High School.

5. Has shown evidence of interest and concern for sports since leaving high school. Has confirmed this interest and concern by other participation, service or following sports enthusiastically.

6. Candidate must have been out of high school at least four years.
Name of nominee: __________________________________________

Address:  ____________________________________________________________________

Age: _______  Date of graduation from MHS: ________________

Education or training since high school: ____________________________________
______________________________________________________________________________

Sports engaged in while in high school: ____________________________________
______________________________________________________________________________

Special sports recognition or awards in high school: ______________________
______________________________________________________________________________
______________________________________________________________________________

Other activities in high school: ___________________________________________
______________________________________________________________________________

Present athletic interests: ________________________________________________
______________________________________________________________________________

Other community activities: ________________________________________________
______________________________________________________________________________

In a short paragraph on the back of this form, indicate why you think this person qualifies to be a member of the Hall of Fame.

Name of person submitting nomination  ___________________________

Date  ___________________________

Address  ___________________________

Phone  ___________________________