



2018-2019 Nomination Form – Distinguished Alumni

HALL OF FAME NOMINATION

Name of Nominee: _____

Contact Name, if Team Nomination: _____

Current Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Graduation Year (if applicable): _____

Category (Check One):

____ Individual Athlete

____ Team

____ Coach

____ WMHS Community Member

____ Distinguished Alumni

Individual Submitting Nomination:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

WOBURN HALL OF FAME – NOMINATION FOR DISTINGUISHED ALUMNI

Complete all fields.

Name of Nominee: _____

Graduation Year: _____

Achievements:

Business or Industry:

Community Contributions:

Honors/ Awards:

Other information:
