

PASSAIC VALLEY HALL OF FAME NOMINATION FORM

NAME OF CANDIDATE _____

ADDRESS OF CANDIDATE _____

Phone _____

Email
(if known) _____

YEAR OF GRADUATION _____

SPORT(S) PLAYED _____

COACH(S) _____

REASONS FOR NOMINATION _____

Continue on reverse side if necessary.

HONORS/ACCOMPLISHMENTS: _____

NOMINATOR NAME _____

Please print

ADDRESS / PHONE _____

EMAIL _____

Please return form to: Passaic Valley High School, c/o Mr. Joseph Benvenuti, Hall of Fame
Committee, East Main Street, Little Falls, New Jersey 07424

