

**BH-BL Spartans  
Athletic Hall of Fame Nomination Form**

Name of Nominee / Team \_\_\_\_\_ Class of \_\_\_\_\_

Current Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

**Athletic Nomination Only** (graduated from BH-BL 10 years ago)

<b>Varsity Sport</b>	<b>No. of Years</b>	<b>Name of Coach</b>
(1) _____	_____	_____

(2) _____	_____	_____
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**Coaches / Faculty / Administrator Nomination Only** ( been with district for more than 15 yrs)

<b>Sport (s) Coached</b>	<b>Record (W-L-T )</b>	<b>Years of Service</b>
(1) _____	_____	_____

(2) _____	_____	_____
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<b><u>Team Nomination Only</u></b>	<b><u>Sport</u></b>	<b><u>Year</u></b>	<b><u>Accomplishments</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Honorary Nomination Only**

**Please indicate which sport (s) individual was involved in, how long and what was their specific contribution.**

\_\_\_\_\_

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**ALL NOMINATIONS:**

**Please list all individual accomplishments: (All-League, All-State, Captain, Coach of the Year, etc)**

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**Please List all team accomplishments: (ex: League/Sectional/Regional/State/National Rankings)**

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**Please list any additional comments that you feel would distinguish this person from others (ex. Community involvement, professional achievements, college accomplishments, etc)**

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**Nomination Submitted by:** \_\_\_\_\_

**Phone Number (work)**\_\_\_\_\_ **Home/Cell**\_\_\_\_\_

**All information should be returned to the following address no later than January 15th and will be kept for 3 years: Please feel free to attach any additional comments.**

**Joseph Scalise**  
**Director of Athletics, Physical Education & Recreation**  
**88 Lakehill Rd, Burnt Hills NY 12027**  
**Phone (518) 399-9141 ext 83309**  
**Fax (518-399-9778)**  
**Email: jscalise@bhbl.org**