



CISD Athletic Hall of Fame

Nomination Form



NOMINATOR'S INFORMATION

Name of Person Doing Nomination: _____

City: _____, State: _____ Zip: _____

Nominator's Home Number: _____ Cell Number: _____

Nominator's Email Address: _____

NOMINEE'S INFORMATION

CISD Athletics Nominee (Athlete or Team only): _____

Gender: Male _____ Female _____ Class Of: _____

Sport(s) Played: _____

Nominee's Current Whereabouts or Contact: _____

CISD Athletics Nominee (Coach or Personnel only): _____

Gender: Male _____ Female _____ # of Years Coached _____ From _____ To _____

Sport(s) Coached: _____

Nominee's Current Whereabouts or Contact: _____

HONORS & RECOGNITIONS OF NOMINEE

In the below section, include any records, honors, stats, or any other means to substantiate the nominees merit of recognition. Links or clicks any newspaper or news articles can be attached:

Any honors the nominee received at the college level and/or professional level:

If an entire team is nominated, please list as many names as possible below:



Mail or Fax This Form To:
Cloverport Independent Schools Athletics
301 Poplar St.
Cloverport, KY 40111
Phone: 270-788-3388 – Fax 270-788-6290