



VALLEY CITY STATE UNIVERSITY HALL OF FAME

NOMINATION FORM

Nominees Name _____

Nominees Address _____
Street City State Zip

Nominees Telephone Number _____
Area Code Number

Nomination Category: Athlete _____ Coach _____ Athletic Staff _____ Team _____ Honorary _____

Year(s) of Participation at VCSU _____

Athletic Achievements & Honors:

(Submit any additional information on additional sheets if needed)

Other Achievements:

(Submit any additional information on additional sheets if needed)

Submitted by _____ Date _____

Address _____

Telephone Number (Home) _____ (Work) _____
Area Code Number Area Code Number

(return to Doug Peters, VCSU, 101 College Street SW, Valley City, ND 58072 or fax to: 701.845.7211)