

Oak Grove High School Wall of Fame



ATHLETICS

Oak Grove High School Sports Wall of Fame
Nomination Form

Please use additional paper and information if needed.

NAME OF NOMINEE: _____

ADDRESS OF NOMINEE: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE – DAY: _____ EVENING: _____

E-MAIL ADDRESS: _____

CATEGORY: (PLEASE CHECK ONLY ONE)

ATHLETE___ TEAM___ COACH___ MERITORIOUS SERVICE___

1: ATHLETE

YEAR GRADUATED FROM OAK GROVE HIGH SCHOOL: _____

The athlete must have graduated from Oak Grove High School and been out of school at least ten (10) years.

YEARS APPLICANT EARNED LETTERS: _____

ALL-CONFERENCE (year): _____

ALL-STATE (year): _____

ALL- AMERICAN (year): _____

IN WHICH SPORT(S) WAS LETTER(S) EARNED: _____

COLLEGE ATTENDED: _____

YEARS ATTENDED COLLEGE: _____ TO _____

REASONS THAT WOULD QUALIFY THIS ATHLETE FOR THE OAK GROVE HIGH SCHOOL
SPORTS WALL OF FAME:

2: COACH

OAK GROVE HIGH SCHOOL SPORT(S) COACHED _____

YEARS : _____

REASONS THAT WOULD QUALIFY THIS COACH FOR THE OAK GROVE HIGH SCHOOL SPORTS WALL OF FAME:

3: TEAM

SPORT: _____

YEAR(S): _____

RECORD: _____

REASONS THAT WOULD QUALIFY THIS TEAM FOR THE OAK GROVE HIGH SCHOOL SPORTS WALL OF FAME:

4: Meritorious Service

REASONS THAT WOULD QUALIFY THIS PERSON FOR THE OAK GROVE HIGH SCHOOL SPORTS WALL OF FAME:

Please attach any news articles or information that would help the committee in the selection process. ***Please use additional paper and information if needed.*** *This nomination will be held open five years or until this nominee is inducted into the hall of fame.*

NAME OF PERSON MAKING NOMINATION: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

PHONE: DAY: _____ EVENING: _____

E-MAIL ADDRESS _____

DATE OF NOMINATION: ____/____/____

***Please Mail Nomination Form to:
Oak Grove R-VI School District, Athletic Office
605 Southeast 12th Street, Oak Grove, MO 64075***