

OAK GROVE HIGH SCHOOL WALL OF FAME



ATHLETICS NOMINATION FORM

Please use additional paper and information as needed.

NAME OF NOMINEE: _____

ADDRESS OF NOMINEE: _____

TELEPHONE: (DAY) _____ (EVENING) _____

EMAIL: _____

CATEGORY: (PLEASE ONLY CHECK ONE)

ATHLETE _____ TEAM _____ COACH _____ MERITORIOUS SERVICE _____

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 for a minimum of 5 years or until the nominee is inducted into the Wall of Fame.

NAME OF PERSON MAKING NOMINATION: _____

ADDRESS:: _____

TELEPHONE: (DAY) _____ (EVENING) _____

EMAIL: _____

Please mail nomination form to:
Oak Grove High School, Activities Office
605 Southeast 12th Street
Oak Grove, MO 64075

Or Email to Activities Director: dsehlke@ogr6.org

ATHLETE NOMINATION

a. Sport(s) Nominated for: _____
(If multi-sport, please clarify in accolades information below)

b. Year Graduated from Oak Grove High School: _____
(Must have graduated from OGHS and been out of school a minimum of 10 years)

c. Years Earned Varsity Letters:

d. Years Earned All-Conference:

e. Years All-State:

f. Years All-American:

g. College Attended and Years Attended:

h. Reasons that would qualify this athlete for the OGHS Sports Wall of Fame:

COACH NOMINATION

- a. Oak Grove High School Sport(s) Coached: _____
- b. Years: _____
- c. Accolades: _____
- d. Reasons that would qualify this coach for the OGHS Sports Wall of Fame:

TEAM NOMINATION

- a. Sport: _____
- b. Years: _____
- c. Record: _____
- d. Accolades: _____
- e. Reasons that would qualify this coach for the OGHS Sports Wall of Fame:

MERITORIOUS SERVICE NOMINATION

- a. Reason that would qualify this person for the OGHS Sports Wall of Fame:

