



# West Hills College Athletic Hall of Fame Nomination Form

The Athletic Hall of Fame Committee thanks you for your nomination. Complete as much of the nomination form and provide as much detail as possible. Good background information will help in the evaluation of the nominee.

Nominee \_\_\_\_\_ Date \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse Name \_\_\_\_\_ Number of Children \_\_\_\_\_

High School Attended \_\_\_\_\_ City \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Years Attended West Hills College \_\_\_\_\_

Check sport of competition and enter number of years participated:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Baseball ___ yrs.  | <input type="checkbox"/> Basketball ___ yrs. | <input type="checkbox"/> Cross Country ___ yrs. |
| <input type="checkbox"/> Football ___ yrs.  | <input type="checkbox"/> Golf ___ yrs.       | <input type="checkbox"/> Rodeo ___ yrs.         |
| <input type="checkbox"/> Soccer ___ yrs.    | <input type="checkbox"/> Softball ___ yrs.   | <input type="checkbox"/> Swimming ___ yrs.      |
| <input type="checkbox"/> Tennis ___ yrs.    | <input type="checkbox"/> Track ___ yrs.      | <input type="checkbox"/> Volleyball ___ yrs.    |
| <input type="checkbox"/> Wrestling ___ yrs. | <input type="checkbox"/> _____ ___ yrs.      | <input type="checkbox"/> _____ ___ yrs.         |

Honors earned while at West Hills College:  
(i.e. Team Captain, MVP, All-Conference, All-State, All-American, Record Holder, Academic Honors, Other...)

Four-year College or Universities attended and years:

Honors earned while at Four-Year College or  
(i.e. Team Captain, MVP, All-Conference, All-State, All-American, Record Holder, Academic Honors, Other...)

Other Participation:

(AAU, TAC, Professional, Records, Etc.....)

---

---

Current Occupation \_\_\_\_\_

How long? \_\_\_\_\_

Name of Business/Firm \_\_\_\_\_

Community Activities, Services and or Honors:

---

---

---

Name of nominating person \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please list on this sheet any additional information (attaching pictures and/or articles if available) you deem pertinent to nomination. Also, explain why you feel the nominee deserves membership into the West Hills College Athletic Hall of Fame:

---

---

---

---

---

---

---

---

Please mail this nomination form and any accompanying information to:

West Hills College, Athletic Hall of Fame Nominating Committee  
ATTN: Gina R. Harper  
300 W. Cherry Lane  
Coalinga, CA 93210

For further information please call Gina at: (559) 934-2452