

NOMINATION
ATHLETIC HALL OF FAME
PACIFIC LUTHERAN UNIVERSITY

Return to:

Athletic Department
Pacific Lutheran University
Tacoma, WA 98447

Nominee's Name: _____

Nominee's Current Address (if available) _____

Nominee's Phone: (____) _____
(if available)

Dates of Attendance or Service at Pacific Lutheran University:

from _____ to _____

Circle Appropriate Category:

Athlete Coach Athletic Staff Honorary

Nomination Support Data

(Use this space to state why you think your nominee should be admitted to the Pacific Lutheran University Athletic Hall of Fame).

DATE _____
Nominator _____
Nominator's Address _____

Nominator's Tel. (____) _____
Seconder _____ date _____
Seconder's Add _____

Seconder's Tel. (____) _____

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