



NOMINATION FORM

Please fill out form as completely as possible. Thank you in advance for assisting the UC San Diego Athletic Department and the Hall of Fame Committee by submitting nominee information. *(All information in white section below is for nominee)*

Nominee (Full Name): _____

Sport (include gender): _____

Coach: _____ Years Competed: _____ College: _____

Major: _____ Graduation Year: _____

Supporting Nominee Information: _____

Post-Graduate Accomplishments: _____

Current Professional Affiliation: _____

Nominee Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

Email Address: _____

(Please fill in your information below)

Your Name: _____ Email: _____

Phone Number: _____ Today's Date: _____



Thank you for your participation. Please send to:

*UC San Diego Athletics
Attn: Hall of Fame Nomination
9500 Gilman Drive
La Jolla, CA 92093-0531*