**Nomination For the**

**Groveport Madison High School Alumni**

**Hall Of Fame**

I would like to nominate:

**NOMINEE NAME**

**A Graduate of the Class of**

I nominate him/her because:

Please attach as much information as you can. The more information you have, the better to support your nominee.

Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Nomination must be received by December 31, 2022**

Send this nomination form to:

Groveport Madison Alumni Association

Hall of Fame Committee

P.O. Box 382

Groveport, OH 43125-0382