

**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