**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, 2024**

Send this nomination form to:

Groveport Madison Alumni Association

Hall of Fame Committee

293 Madison Street

Groveport, OH 43125