GREATER CAPITAL REGION AQUATIC HALL OF FAME NOMINATION FORM

All information to be submitted no later than March 31, and will be kept for 3 years

PERSO	NAL INF	ORMATIC	ON						
Nominee:						Class of:			
Address:						Phone:			
E-mail:									
Nomination 1	уре:	Athlete	Coach	Official	Com	munity			
ATHLE	TE NOM	INATION	I	raduated minim	um of 10 y	years previous			
Sport:					_	Number of Years			
Coach(es):						Competing			
COACH/OFFICIAL/COMMUNITY NOMINATION									
Sport:						Number of Years of Service:			
Contributions:									
ALL N	NOMINA	TIONS		If extra space	needed, ple	ease attach			
Please list indi		·							
Please list dist	tinguishii volvemer	ng factors nt, profess	and signif ional achie	icant cont evements,	tributio colleg	ens to the sp e accompli	oort or c shments	community: , etc.	
Nominations May be Submitted to:						Nomination Submitted By:			
Tim Sinnenberg, 15 Edgewood Drive, Burnt Hills, NY 12027						E-mail Address:			
tsinnenberg@amail.com						Phone Number:			