## WHITKO HIGH SCHOOL WALL OF FAME NOMINATION FORM

Name	Living		Deceased	
Present Address	City		State	Zip Code
Phone ()	Years at WHS	Player	Coach	Contributor
Qualifications: Outstanding Achievements, I	Records and Honors receiv	ed (List sources	of documentat	tion)
Achievement (include year)	Year Graduated		Source of Documentation	
Please include a picture of the nominee. Any	further comments may be	added on the ba	ck.	
Name of Nominator	Address		TOM: NO.	
City	State Zip	Phor	ne ()	
Date Submitted				
Mail or return to: Athletic Director Whitko High School One Big Blue Avenue South Whitley, IN 46787				