Byron-Bergen Central School District Alumni Hall of Fame Nomination Form



<u>Nominee Information</u>: Please provide the below information about the person you wish to recommend for the Byron-Bergen Alumni Hall of Fame.

Name:	Year of Graduation:		
Address: Street		· · · · · · · · · · · · · · · · · · ·	=
Street	City	State	Zip Code
Home Phone #: ()	Work or Cell Phone	#: ()	
Is Nominee: ☐ living? ☐ deceased?			
Briefly describe those achievements, accomnominate the individual named above for By Please add additional pages, newspaper clip evidence to assist the Selection Committee accomplishments in the following areas:	· rron-Bergen Alumni Ha ppings, current resume	all of Fame recogr e, or other suppor	nition. ting
 School Contributions/Activities while at Byron-Bergen Jr./Sr. High School Subsequent Contributions to Byron-Bergen Jr./Sr. High School Educational Achievements 	 Job Related Ac Professional Ho Professional Af Community/Civ Other 	nors and Awards filiations	
If possible, please list other people to serve additional Nominee information:	as resources for Byro	n-Bergen staff to	research
Name:	Daytime Ph	one #: ()	
Name:	Daytime Ph	one #: ()	
Person Submitting Nomination:			
Name:	Daytime Ph	one #: ()	
Address: Street	City	04-4-	Zip Code
Street	City	State	∠ip Code

Please return this completed form by the annual nomination deadline (first Monday in April) to: