



Coaches/Special Recognition Hall of Fame Nomination Form

Name of Nominee: _____

Street Address: _____

City/State/Zip: _____

Coaching Category: To be nominated a person must have coached in interscholastic athletic program in a Marin County High School.

Coaching Record: You may attach a resume or copies of news articles.

School	Sport	From 19 ___ to ___	Win/Loss Record
_____	_____	_____	_____

League Championships: Sport	Year	NBL (Prior to 1959)/MCAL (1959 – present)
_____	_____	_____

Coaching Honors: _____

Nominator Comments: _____

Special Recognition Category: You may attach a resume and copies of news articles.
Contributions to Marin County High School Athletics:

Nominator Comments: _____

Nominator: _____ Date: _____ Phone: _____

Please send application to:

Marin Athletic Foundation

P.O. Box 150930

San Rafael, CA 94915

(415) 472-1165

info@marinathleticfoundation.org