



MCAL Athletic Hall of Fame Nomination Form

Please submit completed applications to:

Marin Athletic Foundation

P.O. Box 4925

San Rafael, CA 94913

info@marinathleticfoundation.org 415-847-6010

Name of Nominee: _____ Email: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Athletic Category

To be nominated a person must have participated in athletics in a Marin County High School, and reached the 20th anniversary of his/her graduating class.

Marin High School Attended _____ Year of Graduation: _____

Sports Participation-Varsity Only

Sport: _____ Coach: _____ Phone: _____

Years in Sport: _____ 1st Team MCAL, Year(s) _____ 2nd Team, Year(s) _____

Hon. Mention, Year(s) _____ Team Captain _____ MVP Team _____ MVP League _____

Sport: _____ Coach: _____ Phone: _____

Years in Sport: _____ 1st Team MCAL, Year(s) _____ 2nd Team, Year(s) _____

Hon. Mention, Year(s) _____ Team Captain _____ MVP Team _____ MVP League _____

Sport: _____ Coach: _____ Phone: _____

Years in Sport: _____ 1st Team MCAL, Year(s) _____ 2nd Team, Year(s) _____

Hon. Mention, Year(s) _____ Team Captain _____ MVP Team _____ MVP League _____

Attach a resume of your MCAL athletic accomplishments

Athletes are selected for their athletic achievements in high school, also we would like to know more about you: Junior college/College/University/AAU/Pro/Athletic Participation:

Occupation: _____

Family status: _____

Nominator: _____ Date: _____ Phone: _____

Email: _____

Please be sure the nominee has been informed they he/she has been nominated.