



Coach/Special Recognition Hall of Fame Nomination Form

Please submit completed applications to:

Marin Athletic Foundation

P.O. Box 4925

San Rafael, CA 94913

info@marinathleticfoundation.org 415-302-3429

Name of Nominee: _____ Email: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Coaching Category

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

Coaching Record: Please attach a resume of your coaching accomplishments

School: _____ Sport: _____ From: _____ to _____

Win/Loss Record: _____

League Championships: _____ NBL (Prior to 1959/MCAL 1959-Present) _____

Sport: _____ Year: _____

Coaching Honors: _____

Nominator Comments: _____

Special Recognition Category

To be nominated a person must have significantly contributed to Marin County high school athletics.

Please attach a resume of your contribution(s)

Nominator Comments: _____

Nominator: _____ Date: _____ Phone: _____

Email: _____