HALL OF FAME NOMINATION FORM

COACH'S NAME _____ **SCHOOL** _____

COACH'S ADDRESS _____

EMAIL _____

HOME PHONE # ( ) _____ **SCHOOL PHONE # ( )** _____

NUMBER OF YEARS IN THE THSBCA : _____

TEAM'S PRESENT RECORD : WINS _____ **LOSSES** _____

COACH'S OVERALL RECORD : WINS _____ **LOSSES** _____

OVERALL ACHIEVEMENTS :

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Continue on back or attach biography or any relevant information to this form.

Submitted by : _____

Phone # ( ) _____ Email _____

PLEASE SUBMIT FORM TO :

Rex Sanders 2114 SouthwoodDr. College Station, Tx.77840