

**LEDYARD HIGH SCHOOL FOOTBALL
HALL OF FAME NOMINATION**

Name: _____ Phone: _____

Current Address: _____

City/State/Zip: _____

Nomination Category: Player _____ Coach _____ Contributor _____

If Deceased:

Name of Spouse or Closest Living Relative Phone

Address: _____

City/State/Zip: _____

Year(s) Graduated/Coached/Contributed to LHS Football: _____

Achievement Summary(Honors,Records,Awards): _____

Name of Individual Submitting Nomination: _____

Contact # _____ Date Submitted: _____

Return to: Jim Buonocore
Athletic Director and Assistant Principal
Ledyard High School
24 Gallup Hill Road
Ledyard, CT 06339