



**INTERCOLLEGIATE ATHLETICS HALL OF FAME
NOMINATION FORM**

Name of Nominee: _____ Male: _____ Female: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

The nominee is a:

- Former SBU Student-Athlete Year of Graduation: _____ Sport(s): _____
- Former Coach and/or Administrator Sport/Title/Position Held: _____
- Honorary

Hall of Fame Candidate's Qualifications

1. *Athletic Honors/Awards while at SBU:*

2. *Other Honors/Distinctions while at SBU:*

3. *Accomplishments Since Departure from SBU:*

4. *Personal Comments:*

(Please use separate sheets as necessary for additional information)

Submitted By: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Please submit this form to:

Steve Mest, Assistant Athletics Director, P.O. Box G, St. Bonaventure, NY 14778

Email: smest@sbu.edu

Telephone: (716) 375-2319 Fax: (716) 375-2383