

NOMINATION FORM
Ohio Northern University
ATHLETIC HALL OF FAME

Whenever possible, fill in all blanks on this form. The most important item, however, is "why" you feel the person you are nominating should be considered for the Ohio Northern University Athletic Hall of Fame.

Name of Nominee: _____ Class: _____

Nominee's Present Address _____

List any special honors or awards your nominee won as an athletic participant, coach, or athletic administrator

Why do you feel the person you are nominating for the Ohio Northern University Athletic Hall of Fame should be selected? Please include any facts, figures, anecdotes or other material, which will be of assistance to the selection committee

(Use reverse side of form if necessary)

Name of ONU Letterwinner making nomination:

Name: _____ Class: _____

Address: _____

City: _____ State: _____ Zip: _____

Additional forms are available from the Office of Alumni Affairs, call (419) 772-2727, or 1-866-

ONU-ALUM (866-668-2586)

Feel free to photocopy this form

RETURN TO: Office of Alumni Affairs

Ohio Northern University

525 S. Main Street

Ada, Ohio 45810

FAX (419) 772-1932