

INDUCTEE RECOMMENDATION

Please check one: _____ ATHLETE _____ COACH _____ FRIEND

Name of Nominee: _____

Address: _____

Phone #: _____ Years Attended CCHS: _____

Sports Played: _____

Exceptional Achievements While Attending CCHS:

Reasons for Recommendation:

Name of Person Making Recommendation: _____

Address: _____

Phone: _____ Date: _____

Note: This form must be returned with the biography of the recommended inductee or this application will not be considered.

Please return to: **Catholic Central High School
Advancement Office
625 Seventh Avenue, Troy NY 12182**
E-mail to: **vbariteau@cchstroy.org**