

## 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](mailto:vbariteau@cchstroy.org)