

Hasbrouck Heights Hall of Fame
Nomination Fact Sheet

Category:

_____ Academic
_____ Athletic

Name of Nominee: _____ Class of: _____

Present Address: _____

Phone Number: (_____) _____

If deceased, contact: _____

Phone Number: (_____) _____

Your Name: _____ Phone #: (_____) _____

Accomplishments

Please list any accomplishments that you feel would assist the committee in making a determination. (List additional information on reverse side)

Please complete and forward to:

Hasbrouck Heights Education Foundation
PO Box 123
Hasbrouck Heights, NJ 07604