

**FORM A**  
**2019 – 2020 WPIAL HALL OF FAME**  
**615 Iron City Drive, Pittsburgh, PA 15205**  
**412-921-7181**

**ALL INFORMATION MUST BE TYPE WRITTEN**

**\*All Nomination Forms must be submitted by Friday, November 1, 2019 to the WPIAL Office\***

**NOMINATOR INFORMATION SHEET**

\_\_\_\_\_ (First / Last Name of Nominee) \_\_\_\_\_ (Nomination Category)

**Individual Submitting Nomination:**

Name \_\_\_\_\_ Position \_\_\_\_\_ School \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

School/Business Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*(SIGNATURE REQUIRED)*

**Please Do Not Write In This Space  
(Hall of Fame Committee Use Only)**

**Nomination Considered: Date:** \_\_\_\_\_

**Category:** \_\_\_\_\_

**Action: Considered** \_\_\_\_\_ **Date** \_\_\_\_\_

**Hold** \_\_\_\_\_ **Date** \_\_\_\_\_

**Inactive** \_\_\_\_\_ **Date** \_\_\_\_\_

**Notes: (Use reverse side, if necessary)**

**Committee Chairman Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FORM B**  
**2019 – 2020 WPIAL HALL OF FAME**  
**INDIVIDUAL INFORMATION SHEET**

**ALL INFORMATION MUST BE TYPE WRITTEN.**

**INDIVIDUAL INFORMATION SHEET**

**Please Check Appropriate nomination category:**

Athlete    Coach    Contest Official    Contributor    Heritage    Courage

Name of Nominee: \_\_\_\_\_  
(first, middle, last)

Current Address:  
(Street address) \_\_\_\_\_  
(City, state, zip) \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

School Affiliation (if any) \_\_\_\_\_

Is the nominee still active in any area of athletics other than the category for which he/she is being nominated?   \_\_\_\_\_ Yes   \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Would the nominee be able to attend the induction banquet at the Greentree Doubletree Hotel?  
\_\_\_\_\_ Yes   \_\_\_\_\_ No   \_\_\_\_\_ Not Sure

If deceased, date of death: \_\_\_\_\_

Name of Spouse or Closest Living Relative \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail address (If known) \_\_\_\_\_

\_\_\_\_\_ Letters of Recommendation and/or narrative in support of nominee attached.

\_\_\_\_\_ Other Supportive Material Attached (newspaper articles, testimonials & School records)

\_\_\_\_\_ Completed Forms (A, B) Attached

\* - Use separate team information sheet, Form C, for team nomination

**FORM C**  
**2019 – 2020 WPIAL HALL OF FAME**  
**TEAM INFORMATION SHEET**

**ALL INFORMATION MUST BE TYPE WRITTEN.**

**TEAM INFORMATION SHEET**

School \_\_\_\_\_ Team (List Sport) \_\_\_\_\_

School Year Team is being nominated for: \_\_\_\_\_

Name of Head Coach: \_\_\_\_\_  
(first, middle, last)

Current Address:

(Street address) \_\_\_\_\_

(City, state, zip) \_\_\_\_\_

E-Mail address (If known) \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If deceased, date of death: \_\_\_\_\_

Name of Spouse or closest Living Relative \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

If the head coach is deceased, please list the name of another person who would be able to provide objective data about the team.

Name of Person Familiar with Team \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail Address (If Known): \_\_\_\_\_

\_\_\_\_\_ Letters of Recommendation and/or narrative in support of team nominee attached.

\_\_\_\_\_ Other Supportive Material Attached (newspaper articles, testimonials. School records)

\_\_\_\_\_ Completed Forms (C) Attached