



Aquatic Hall of Fame Nomination Form

Please type or print clearly

Nomination Category:

Swimmer	_____	Diver	_____
Water Polo Player	_____	Official	_____
Synchronized Swimmer	_____	Coach	_____
Masters	_____	Volunteer	_____

Last Name: _____

First Name: _____

Nick Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: _____

Metro Team: _____ College: _____

Years of Membership: _____

If Deceased, Date of Death: _____

Name of Spouse or
Closest Living Relative: _____

Address: _____

Phone: _____

