Hillsborough High School Athletic Hall Of Fame

Nomination Form

Name of Nominator: _		
Phone:	email:	
Name of Nominee:		
Phone:	email:	
Circle one: Athlete, Coa	ch, Team, or Special Contributor	
Graduation or Retireme	t Year:	
Sport(s):	Contribution(s):	
American recognition a	d list of accomplishments such as conference, county, state, a d or school records and awards or list the contributions an sport or the HHS athletic community".	ıll

*Please return to: Ian Progin Hillsborough High School 466 Raider Blvd. Hillsborough, NJ 08844

