ATHLETIC HALL OF FAME



CHECK CATEGORY OF NOMINATION			
Athlete		Team	Special Contributor
NOMINEE'S NAME	:	SPORT(S):	
YEARS AT CONCC	RDIA UNIVERSITY:	GRADUATIO	ON YEAR:
NOMINEE'S CURR	ENT ADDRESS (if decea	sed, please list name and a	ddress of spouse, child, etc.)
Athletic participation	n or involvement for whic	ch nominee is best remo	embered:
Statement of Nomin	ation		
	lletic and personal achie didate. Supporting mater		s and qualities which
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Please send completed form and any supporting materials so they arrive at Concordia no later than 4:00 p.m. on Tuesday, October 1, 2013 to:

Brian Gaul Sports Information Director Concordia University Irvine 1530 Concordia West Irvine, CA 92612 E-mail: brian.gaul@cui.edu Phone/Fax: (949) 214-3211

For more information, contact Brian Gaul at (949) 214-3211