GATES CHILI
CENTRAL SCHOOL DISTRICT

# Hall of Fame Nomination Form

Please provide the following information about the person
you wish to recommend for the Gates Chili Hall of Fame.

Name: _____

Name while enrolled at Gates Chili: _____

Address: _____

Email Address: _____

Phone number: _____ Year of Graduation: _____

Describe those achievements, accomplishments or contributions that cause you to nominate the individual named above for Hall of Fame recognition. Please include significant job-related, educational, personal or school, community and/or family achievements and accomplishments and community or civic involvement. You may add additional pages, newspaper clippings or other supporting evidence if you so desire.

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Name and address of person submitting nomination:

_____

Email Address: _____ Phone number: _____

Please return completed form to:
Hall of Fame Committee, Attn: Kevin M. Whitmore
1 Spartan Way, Rochester, New York 14624
or email to Kevin_Whitmore@gateschili.org