## Belgrade-Brooten-Elrosa Schools Hall of Fame Nomination Form

## Instructions:

All information on this form must be completed and received no later than May 1, 2024. Included with this nomination form:

- a maximum of three (3) letters of recommendation (ONE type-written page) explaining why
  you think this individual is worthy of this honor.
- a current photograph of the nominee;
- 3) all information submitted shall be retained by the Selection Committee;
- 4) return the completed nomination form and the supporting materials to:

Belgrade-Brooten-Elrosa Hall of Fame Committee

Attn: Chris Anderson P.O. Box 339 Belgrade, MN 56312

## Please select appropriate nomination category:

☐ Student Activities
<ul> <li>Out of school at least 10 years</li> </ul>
<ul> <li>Multi-sport athlete or fine arts</li> </ul>
☐ <u>Coach</u>
A coach that has made a positive impact on Belgrade-Elrosa, Brooten, or BBE High School
Tradition
Retired from coaching.
☐ At large:
Staff member or community member that has made a significant contribution to
Belgrade-Elrosa, Brooten, or BBE Athletics, activities, etc.
Hall of Fame Nominee:
Ourseast Address as
Current Address:
Naminaa Dhana Numbari
Nominee Phone Number:
Date of Retirement: Date of Graduation:
Date of Nethericit.
Is the nominee still active in any area of activities other than the category for which he/she is
being nominated?
YesNo If yes, please explain:
recrec in yee, please explain.
If Deceased, date:
n Beecasea, aate
Name of spouse or closest living relative:
Traine of operate of discost fiving foliative.
Address:Phone:
City, State, Zip:

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activities, coaching or a staff or community member).
2. Honors and achievements (win-loss records, championships, outstanding performances, records, individual or team awards, letters earned, all-state/all conference honors, or other recognition/ contributions, community involvement, etc. Please feel free to provide other supporting information.
3. Other information (not previously listed) that substantiates the nominee's accomplishments.
Individual Submitting Nomination:  Name:Phone:
Address:
City, State, and Zip Code:Date: