



**HOT SPRINGS BISON
Athletic Hall of Fame
Nomination Form**

Nominee's Name: _____ Graduation Year: _____

Nominator: _____ Relationship to the Nominee: _____

Nominator's Phone Number: _____

Nominator's Email: _____

Candidates Nomination Year: _____

(PLEASE USE OTHER SIDE OF SHEET IF NECESSARY TO COMPLETE)

Sport or Category for the Nominee: (Example: Specific Sport, Athlete, Coach, Athletic Contributor, Athletic Administrator, Etc.)

Awards/Special Recognition for the Nominee: (Example: All-State, All-Conference, etc.)

Provide a description of why you feel this person should be considered as a member for the Hot Springs Bison Athletic Hall of Fame:

Nominee will be required to write why they believe they should be a member the Hall of Fame.

PLEASE SEND YOUR NOMINEE APPLICATION TO: Hot Springs Boosters, PO BOX 996,
Hot Springs, S. Dak. 57747