

T. Wingate Andrews High School Athletic Hall of Fame Nomination Form

Name of Nominee: _____

Current Address: _____

City, State, Zip: _____

Current Phone Number: _____

Year Graduated: _____ Year(s) Graduated/Coached/Contributed to TWA HS: _____

Nomination Category: Athlete ____ Coach ____ Contributor ____

If Deceased:

Name of Spouse or Closest Living Relative: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Achievement(s) Summary:

Please include copies of newspaper articles, certificates, photos, or other proof of achievement (s).

Individual Submitting Nomination:

Name: _____

Address: _____

City, State, Zip: _____

Email address: _____

Contact Phone Number: _____

Signature: _____ Date: ____

Return to: T. Wingate Andrews High School Hall of Fame
c/o Robert Murphey
810 Oakview Rd.
High Point, North Carolina 27265

DEADLINE: APRIL 15, 2022

Revised 03/2022