TEAM NOMINATION

BYRON HIGH SCHOOL HALL OF FAME

YEAR_____ SPORT/ACTIVITY_____

CAN YOU PROVIDE A TEAM PICTURE: ___YES ___NO

CAN YOU PROVIDE A TEAM ROSTER: ___YES ___NO

NOMINATION SUBMITTED BY: _____

PHONE_____

TEAM RECORD_____

SPECIAL HONORS:

_____

_____

STATE LEVEL COMPETITION:

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WHY DO YOU FEEL THIS TEAM DESERVES HALL OF FAME RECOGNITION??

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