

South Shore High School

"Wall of Fame"

NOMINATION FORM

Please send completed form to:
South Shore School District, District Administrator,
P O Box 40, Port Wing, WI 54865

Name of proposed honoree:

Address:

Year graduated:

Brief description of distinguishing accomplishments:

Brief biography of nominee:

Nominator:

Address:

Comments:

Nominating Committee review:

Comments:

Accepted: _____ **Denied:** _____ **By:** _____