## - Athlete Nomination Application -

Date:	·
Name of Nominee:	
Nominee maiden name, if applicable:	
Nominee Current Address:	
Nominee Current Home Phone:	Cell Phone:
Nominee Email:	
OHS teams the athlete participated on: _ (Include year participated)	
-	
-	
High School awards, championships, etc: _	
(not included above)	
	nletics, any other athletic information/participation:
Nominators Name:	
	Cell Phone:
Nominators Email:	

Please return the application to the OHS Athletic Office Email to OHSAthletics@oasd.org or mail to 641 E. Forest Street, Attn: Athletic Department, Oconomowoc, WI, 53066