



OCONOMOWOC HIGH SCHOOL WALL OF FAME NOMINATION

Date: _____

Name of Candidate: _____

Address: _____

Phone: _____

Years Attended Oconomowoc High School: _____ (Must have graduated from OHS 10+ years ago)

Reason For Nomination:

Evidence Of Support For Nomination: *(You may attach additional documentation.)*

Name of person(s) recommending: _____

Please submit to:

Oconomowoc High School

Liz Hofschulte – Wall of Fame

641 E. Forest Street

Oconomowoc, WI 53066

262-560-3114

HofschulteE@oasd.org