

KALISPELL PUBLIC SCHOOLS

LEGENDS WALL OF FAME 2016 NOMINATION FORM

DUE BY WEDNESDAY NOVEMBER 30TH AT 4:30 P.M.

NAME OF NOMINEE _____

ADDRESS _____ CITY _____ STATE/ZIP _____

TELEPHONE _____ DATE OF BIRTH _____

Please list the nominee's significant achievements and/or contributions to the Kalispell athletic community. Achievements at Legends Stadium will be given first priority.

Please list the reason(s) why this nominee should be honored as a Legend.

Any other information that would be useful to include in the nominee's background.

Please attach any additional, pertinent information that supports your nomination.

Criteria for selection include: (1)Service to School Community (2)Excellence in the Kalispell Public Schools (leadership, academics, teaching) (3)Outstanding Athletic Accomplishments in our School Community and Beyond (4)Accomplishments at Legends Stadium.

Please mail or drop off nomination forms by 4:30 p.m. November 30, 2015 to:

Beth Kornick, Assistant to the Superintendent
Central Office Administration Building
233 First Avenue East
Kalispell, MT 59901

406 751-3416 (Fax)

Submitted by: _____ Phone Number: _____

(Please print)