

KALISPELL PUBLIC SCHOOLS

LEGENDS WALL OF FAME 2018 NOMINATION FORM

DUE BY FRIDAY 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.

Please attach two (2) letters of recommendation from individuals who know/knew the nominee and can speak to the nominees' athletic achievements and/or his/her attributes as a contributor in service to our community or the community in which the nominee lives.

Please include any other information that would be useful to include in the nominee's background or 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, fax, or drop off nomination forms by 4:30 p.m. November 30, 2018 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)