## **KALISPELL PUBLIC SCHOOLS**

## LEGENDS WALL OF FAME 2021 NOMINATION FORM DUE OCTOBER 9, 2020

NAME OF NOMINEE			
Address	CITY	State/Zip	
	DATE OF BIRTH		
	significant achievements a its at Legends Stadium will	nd/or contributions to the Kalis be given first priority.	spell athletic
Please list the reason(s) v	vhy this nominee should be	honored as a Legend.	
Any other information th	at would be useful to includ	de in the nominee's background	d.

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

Criteria for selection include:

- Service to School Community
- Excellence in the Kalispell Public Schools (leadership, academics, teaching)
- Outstanding Athletic Accomplishments in our School Community and Beyond
- Accomplishments at Legends Stadium.

Please Fax, e-mail, mail or drop off nomination forms by 4:30 p.m. on date of deadline to:

Beth Kornick, Assistant to the Superintendent 406 751-3416 (Fax) Central Office Administration Building 233 First Avenue East Kalispell, MT 59901

Submitted by:		Phone Number:
•	(Please print)	