

# LYNN CLASSICAL HIGH SCHOOL - HALL OF FAME

## NOMINEE INFORMATION

**Please Print**

**Date:**

Name:

Maiden Name:

Home Phone:

Cell Phone:

Current address:

City:

State:

ZIP Code:

Email Address:

Fax:

## CONTACT INFORMATION IF DIFFERENT THAN ABOVE

Name:

Address:

Home Phone:

City:

State:

ZIP Code:

Cell Phone:

E-mail:

Fax:

## NOMINEE INFORMATION

Graduate of LCHS:    Y        N

If Yes, Year of Graduation:

Number of Years Affiliated with LCHS:

Occupation:

Employer:

High School Honors & Achievements:

Significant Career Accomplishments:

Meritorious Acts of Service: (Military, Community, etc.)

Other Career Highlights:

Additional Comments: (please attached and include additional pertinent information here such as articles, letters of commendation)

**Nominator Name:**

Home Phone:

Email:

Cell Phone:

Please return completed form with any attachments to:

Lynn Classical High School  
 William Devin, Athletic Director  
 235 O'Callaghan Way  
 Lynn, MA 01905