



TEAM NOMINATION FORM

Year: _____

Sport: _____

Head Coach: _____

Names of Players: _____

Any Contact Information: _____

Championships: _____

Describe in detail why this Team should be inducted into the Union High School Athletic Hall of Fame:

Submitted by: _____ Contact Information: _____

Must be 10 years since the Team participated

Please return to the Union High School Athletic Office, 2350 North Third Street, Union, NJ 07083 or by email to: lionta@twpunionschools.org