

**BISHOP FALLON HIGH SCHOOL / HOLY ANGELS COLLEGIATE INSTITUTE
HALL of FAME NOMINATION FORM**

I nominate _____ for induction into the Bishop Fallon High School/Holy Angels Collegiate Institute Hall of Fame

The nominee fits into one or more of the following categories:

Distinguished Alumni Faculty Member Staff Member
 Sports Team Activity Group (Attach year and members if possible)

CANDIDATES INFORMATION: (Please print)

Name _____

Address _____

City, State Zip Code _____

Phone _____ Cell _____

Email _____

School (Check one) BFHS HACI Class Year _____

A WRITTEN BIOGRAPHY OF THE CANDIDATE MUST ACCOMPANY THIS FORM.
Information should include Education, Career, Outstanding Accomplishments, Awards, and HACI or BFHS information such as awards, sports etc.
Nominations WILL NOT be considered without a complete Biography of the Candidate.

NOMINATOR's INFORMATION

Date Submitted: ___/___/___

Name _____

Address _____

City, State Zip Code _____

Phone _____ Cell _____

Email _____

NOMINATIONS TO BE CONSIDERED FOR THE HALL of FAME must be submitted with a complete, updated biography of the candidate no later than June 1st of each year. Nominations are to be emailed to BishopFallon.org@gmail.com or mailed to:

BFHS/HACI Alumni Association, Inc.
P.O. Box 25
Williamsville, NY 14231

For more information email BishopFallon.org@gmail.com