

2020 HALL of FAME NOMINATION FORM

I nominate Robert E. Reeves for induction into the Bishop Fallon High School/Holy Angels Collegiate Institute Hall of Fame (Please print Full Name)

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

- Distinguished Alumni Distinguished Athlete Faculty Member
 Staff Member Sports team (Attach year and members if known)

Please print and fill in the form below with accurate information regarding the candidate.

Name Robert E. Reeves
Address 693 Treichler St North Tonawanda NY 14120
Phone 716 389 0704 Cell Phone _____
Email Reeves@cjuno.com
School (Check one) BFHS HACI Class Year 1970

A WRITTEN BIOGRAPHY OF THE CANDIDATE MUST ACCOMPANY THIS FORM.
Nominations WILL NOT be considered without a complete Biography of the Candidate.

Nominator's Name Ronald J. Anthony
Address 27 Lorelee Dr Tonawanda NY 14150
Phone 716 694 2958 Cell Phone _____
Email _____

