Msgr. McClancy Memorial High School
Athletic Hall of Fame

NOMINATION FORM

Name of Person Recommended for Nomination: _____Class_____

Sport(s) Played while at McClancy: _____

Are they currently an active participant (gifts) in the McClancy Community: _____

Comments/Reasons for Recommendation/Honors Won By Nominee:

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Person Making Recommendation:_____Class_____

Please Return To:
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Fax: 718-397-9325
Email: mcclancyalumni@msgrmcclancy.info