

 **Nomination Form**

Please Select the category for which you are nominating an individual:

* Athlete
* Coach
* Administrator
* Contributor

**ELIGIBILITY: Individuals may be nominated in one of the above categories. Consideration will be given to individuals who are a minimum of five years removed from West Potomac High School and are based on the following attributes:**

**ATHLETES:**

* **Participated in a VHSL sponsored sport at West Potomac.**
* **Attained one or more of the following: 1st Team All Region, 1st Team All Met, 1st Team All State, Scholarship Athletes, Professional Team, Olympian or World Record Holder.**
* **Graduated from West Potomac High School in good standing OR spent at least two years at West Potomac High School.**

**COACHES:**

* **Coached a VHSL sponsored sport at West Potomac High School for five years or more.**
* **Coaching accomplishments that merited statewide recognition, i.e., Region Champion or State Champion.**

**ADMINISTRATOR/CONTRIBUTOR:**

* **Individuals who over many years worked as an employee or volunteer at West Potomac High School and made outstanding contributions to the athletic programs at West Potomac High School.**

**NOMINEE’S INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years Attended WPHS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years Coached at WPHS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years worked at WPHS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years involved at WPHS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REASONS FOR NOMINATION**

* List all sports played; all sports athletic awards/honors received:

\_\_\_\_ 1st Team All Region \_\_\_\_ 1st Team All Met \_\_\_\_1st Team All State

* List other awards and accomplishments during high school:
* List all post high school athletic/academic/career accomplishments:
* List significant contributions related to the West Potomac athletic program:
* Briefly summarize why you wish to nominate the above-named individual. You are encouraged to attach additional information, articles, documents, etc. (use a separate sheet if necessary):

**NOMINATOR’S INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN COMPLETED FORM TO**: Mr. Dan Reynolds

 West Potomac High School

 6500 Quander Road

 Alexandria, VA 22307

 Email: wphof2019@gmail.com

 703-718-2560