

Suring Alumni Hall of Fame Application

*Complete the following pertinent information and attach this sheet to the nomination letter. Return completed application to the district office (Attention District Administrator) P.O. Box 158 Suring, Wisconsin, 54174 or email it to hiscme@suringk12.wi.us to by **April 9, 2024**.*

Name of Nominee: _____

Address of Nominee: _____

Email: _____

Phone Number: _____

Year of Graduation from Suring High School: _____

Name of Nominating Person: _____

Address: _____

Email: _____

Phone Number: _____

Signature: _____ Date: _____