

# 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 [distsecy@suring.k12.wi.us](mailto:distsecy@suring.k12.wi.us).*

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: \_\_\_\_\_