

**Staples' Gridiron Club
Football Wall of Fame
Nomination Form**

Date _____

Name of Nominee _____

**Address of Nominee
(if known)** _____

**Tel. # of Nominee
(if known)** _____

Year of Graduation _____ **Seasons of Play** _____

Positions _____

**Memorable Moments
of Distinction** _____

Awards or Achievements _____

Nominator's Name _____

Nominator's Address _____

Please mail nomination to:
**Wall of Fame
Staples Gridiron Club
Suite 619
606 Post Rd. East
Westport, Ct. 06880**