

**LAKE MICHIGAN CATHOLIC & CATHOLIC HERITAGE
ATHLETIC HALLS OF FAME TEAM
NOMINATION/INFORMATION FORM**

**Note - this form is four pages long, not all pages will be needed every time.
Please do your best to fill in as much information as possible.**

Team Name (St. Joe, St. Johns, or LMC) _____

High School Varsity Sport _____

Year of Team _____

Team Highlights & Awards (State Champions, Final-Four, National Ranking, etc.)

Players from the team who went on to play in collegiate athletics

Athletic Involvement after High School and College

*Please list any other information that would help the committee-
i.e.- Outstanding professional or occupational accomplishments,
volunteer, civic, or community service participation,
recent involvement with Lake Michigan Catholic Schools.*

Players From Team / Contact Information- Address, Phone, E-mail

If any Nominee is deceased, please provide information on next of kin

1) _____ *Year of Graduation* _____

Contact Info. _____

2) _____ *Year of Graduation* _____

Contact Info. _____

3) _____ *Year of Graduation* _____

Contact Info. _____

4) _____ *Year of Graduation* _____

Contact Info. _____

5) _____ *Year of Graduation* _____

Contact Info.- _____

6) _____ *Year of Graduation* _____

Contact Info. _____

7) _____ *Year of Graduation* _____

Contact Info. _____

8) _____ *Year of Graduation* _____

Contact Info. _____

9) _____ *Year of Graduation* _____

Contact Info.- _____

10) _____ *Year of Graduation* _____

Contact Info. _____

11) _____ *Year of Graduation* _____

Contact Info.- _____

12) _____ *Year of Graduation* _____

Contact Info. _____

13) _____ *Year of Graduation* _____

Contact Info. _____

14) _____ *Year of Graduation* _____

Contact Info. _____

15) _____ *Year of Graduation* _____

Contact Info.- _____

16) _____ *Year of Graduation* _____

Contact Info. _____

17) _____ *Year of Graduation* _____

Contact Info.- _____

18) _____ *Year of Graduation* _____

Contact Info. _____

19) _____ *Year of Graduation* _____

Contact Info.- _____

20) _____ *Year of Graduation* _____

Contact Info. _____

21) _____ *Year of Graduation* _____

Contact Info. _____

22) _____ *Year of Graduation* _____

Contact Info. _____

23) _____ *Year of Graduation* _____

Contact Info.- _____

24) _____ *Year of Graduation* _____

Contact Info.- _____

25) _____ *Year of Graduation* _____

Contact Info. _____

To include more players' information, please use an additional "Team Nomination/Information Form".

Please mail this form to:

*Philip J. Hegg
Chairman- L.M.C. Athletic Hall of Fame
912 State St.
St. Joseph, Mi 49085
AthleticHallofFame@lmclakers.com*