



CAMBRIDGE ATHLETIC HALL OF FAME

459 Broadway Street
(Attn: Athletics/Cambridge Athletic Hall of Fame)
Cambridge, MA 02138

Cambridge Athletic Hall of Fame Nomination Form:

Please try to fill this form out with the most current information possible. If a person is deceased, try to include the address/contact information of a surviving family member/friend/teammate.

Date Submitted: _____

Name of Candidate/Team: _____

Candidate is being nominated as (please circle one):

Athlete

Team

Coach

Distinguished Contributor

Candidates Present Address: _____

Candidates Phone Number: _____

What sport(s) did they participate in: _____

Years/Dates they participated: _____

Please include supporting documentation such as records, years of participation/recognition, team members, team titles in league/state/sectional/national, achievements beyond high school (college, pro, etc.), statistics, contributions to the Cambridge Sports Community, any lasting impact they had,

Supporting Information/documentation: _____

Name of Person Submitting: _____ Position: _____

Email Address: _____ Phone Number: _____

Address: _____

Please return this application to the address listed above.