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Hall of Fame Nomination and Evaluation Form

Nominated By: _____ Date Nominated: _____

Nominee's Name _____ Retirement Date _____

Home Address _____ City _____ Zip _____

Telephone: Home _____ Cell _____ E-Mail _____

School/Business: _____

Date of Birth _____ Age _____ Place of Birth _____

Secondary Education _____ College _____

SCACA Membership: 19 _____ to 19 _____

Professional High School Athletic Organizations:

Date _____ Organization _____ Position _____

Date _____ Organization _____ Position _____

Date _____ Organization _____ Position _____

Date _____ Organization _____ Position _____

Coaching Career: Head Coach or Athletic Director

Years 19 _____ to 19 _____ School _____ Sport _____ Record _____

Years 19 _____ to 19 _____ School _____ Sport _____ Record _____

Years 19 _____ to 19 _____ School _____ Sport _____ Record _____

Years 19 _____ to 19 _____ School _____ Sport _____ Record _____

Years 19 _____ to 19 _____ School _____ Sport _____ Record _____

Total Won/Loss Record by Sport:

Sport _____ Record _____

Sport _____ Record _____

Sport _____ Record _____

Sport _____ Record _____

Sport _____ Record _____

Sport _____ Record _____

Team Title or Championships:

Year _____ Sport _____ Championship _____

Year _____ Sport _____ Championship _____

Year _____ Sport _____ Championship _____

Year _____ Sport _____ Championship _____