



Sanford Athletic Department



Hall of Honor

Athlete Application

*Please note that the proper application must be submitted for consideration.  
Candidates become eligible 5 years after graduating from Sanford High School.*

Date Submitted: \_\_\_\_\_

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Present Phone Number: \_\_\_\_\_

Years in High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Emphasis is on High School Achievements Only

Varsity Sports

Number of Years

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Recognition (League All-Star, All-State, All-American, All-Academic, etc.)

Sport	Recognition	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Established Individual Records (League, State, Regional, National, etc)

Sport	Record	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Primary emphasis is on High School Achievements**

(i.e. Football-touchdowns, Basketball- scoring or rebounds, Baseball/Softball- batting average or pitching, etc)

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**Achievements beyond High School**

(i.e. College, Prep School, Professional, Career, etc)

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\*\*If no records are available, please try to be as accurate as possible.

Why do you feel this person should be nominated?

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Living: \_\_\_\_\_ Deceased: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

To the best of my knowledge, the above information is correct.

The person submitting this, please provide the following information:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Application Due Date March 1st

Please return this application to:

Zach Lemelin  
Athletic Director  
Sanford High School  
100 Alumni Blvd  
Sanford, Me 04073  
[zlemelin@sanford.org](mailto:zlemelin@sanford.org)