



**HALL OF FAME
NOMINATION FORM**



PERSON BEING NOMINATED:

Name: _____

Address: _____

Telephone: _____

Occupation of Nominee: _____

**INFORMATION ABOUT PERSON OR ORGANIZATION MAKING THE
NOMINATION:**

Individual or Contact Person: _____

Address: _____

Telephone: _____

**THIS FORM MUST BE SUBMITTED WITH A TYPEWRITTEN LETTER OF
NOMINATION (500 WORDS OR LESS) TO:**

Dr. Charles McKay
Assistant Superintendent of Schools
Vernon Township Board of Education
P.O. Box 99, 625 Route 517
Vernon, NJ 07462

**NO ADDITIONAL INFORMATION WILL BE ACCEPTED WITH THE ABOVE
TWO ITEMS.**

DEADLINE FOR RECEIPT OF ALL NOMINATIONS: Friday, April 29, 2019