



EST. 1988

Warren Sports Hall of Fame  
Local Heroes Corner  
Nomination Form

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

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

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

Please explain how this person has made it possible for others to enjoy athletics and recreation. You may use the back of this form and/or attach as many sheets as necessary. Please try and be as specific as possible about what, when and where the nominee did to gain this recognition.

**Person making this nomination**

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

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

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

Please return this form to: WSHOF, P.O. Box 1444, Warren, OH. 44482