ARTICLE I - PURPOSE

The Athletics Hall of Fame is designed to provide public recognition and honor to those women and men who were members of Capital University intercollegiate athletic squads as athletes or coaches and whose accomplishments were outstanding over a significant period of time.

ARTICLE II - ELIGIBILITY

A) ATHLETE
   1) An athlete who has earned two varsity awards in one or more sports at Capital University.
   2) The graduating class of which the athlete is a member must have graduated 10 or more years prior to the year of induction. The nominee must have a degree from Capital University. [Exception: special consideration may be granted if there are mitigating circumstances, such as, death, disability, etc.][2-08]
   3) The nomination must include career athletic achievements at Capital. [2-08]

B) COACH
   1) The coach must have served on the Capital University staff for a minimum of 10 years as a coach.
   2) The nomination must include career coaching achievements at Capital. [2-08]

C) CRITERIA
   1) Each nominee must exemplify the highest standards of sportsmanship, ethical conduct, integrity and moral character.
   2) Each nominee shall be considered on the merits of contributions and achievements in intercollegiate athletics at Capital University.

Nomination For Athletic Hall of Fame:[Please type] Indicate which Athlete _____ Coach _____

Name:_________________________________________________________ Class Year:__________
Telephone:__________________ e-mail:___________________ Sport(s) _______________________
Street Address:___________________________ City, State, Zip____________________________
Nominee special achievements: If necessary, attach separate sheet as well as other items of support
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Two letters of recommendation must be submitted with this form. One of the letters must be from a coach of the nominee in the sport(s) listed above along with any other relevant materials.

Individual Submitting Nomination:
Name:__________________________________Phone:______________email____________________
Signature ______________________________ Street Address:_____________________________________
City, State, Zip Code:________________________Date:______________________________

If you would like to nominate another individual, feel free to copy this form.