

**THE TOMS RIVER REGIONAL SCHOOLS
ATHLETIC HALL OF FAME**

NOMINATION FORM FOR SELECTION AS A COACH

Date: _____

Name and Address of Coach: _____

Sports Coached while at Toms River:

Years Coached while at Toms River (from when to when in each sport) and records:

Championships while at Toms River:

Biographical Information while at Toms River (other achievements and recognitions):

Name and Address of Nominator: _____

Telephone Number: _____

e-mail address: _____

**Please return:
Toms River Regional Schools
District Athletic Offices
1225 Raider Way
Toms River, NJ 08753
Fax # (732) 270-2876**