

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

NOMINATION FORM FOR SERVICE

Date: _____

Name and Address: _____

Years of Contribution:

Category of Service (community member, trainer, administrator,
Board of Education member):

Contributions to the Toms River Schools Athletic Program:

Name and Address of Nominator: _____

Telephone Number: _____

e-mail address: _____

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