

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

NOMINATION FORM FOR A SELECTION AS A **TEAM**

Date: \_\_\_\_\_

Team \_\_\_\_\_

High School \_\_\_\_\_ Year \_\_\_\_\_

Championships:

Other information relating to the team:

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 08755  
Fax # (732) 270-2876**