

AKRON CENTRAL SCHOOL

Wall of Fame Nomination Form

NAME OF NOMINEE: _____

GRADUATION YEAR _____

NAME OF INDIVIDUAL RECOMMENDING

NOMINEE: _____

YOUR PHONE #: _____

SPORTS PLAYED (HS, COLLEGE, PRO):

TOTAL YEARS:

HONORS: _____

SERVICE TO SCHOOL & COMMUNITY _____

COACHING RECORDS, YEARS, ETC.: _____

CURRENT OCCUPATION: _____

OTHER/PERSONAL: _____

*Please include a brief summary of why you feel this individual deserves a place on the ACS-Athletic Wall of Fame.

USE REVERSE SIDE FOR ANY ADDITIONAL INFORMATION

PLEASE RETURN BY APRIL 18, 2025 TO:

Justin Gerstung/Wall of Fame Chairman
Akron Central High School
47 Bloomingdale Ave.
Akron, NY 14001