WALLACE RIDER FARRINGTON HIGH SCHOOL

ALUMNI OF THE YEAR NOMINATION FORM

YEAR APPLYING FOR_____

_____ _____

Nominee's full Name **Maiden name**

Year Graduated: _____

Mailing Address: _____

Telephone Number (H)_____(C)_____

E-mail Address: _____

_ _

Nominated By:_____ Year Graduated:_____

Telephone Number (H)_____(C)_____

E-mail address: _____

REASONS FOR THIS NOMINATION:

Please add any additional documents.