

**COLLEGE OF THE OZARKS
HALL OF FAME NOMINATION**

Individual Nomination

Name of Nominee _____

Address (if known) _____

Phone (if known) _____

Please list accomplishments, honors, and/or contributions and dates:

Your Name _____

Phone # _____ e-mail _____

Mail to: Steve Shepherd, Athletic Director
College of the Ozarks
PO Box 17
Pt. Lookout, MO 65726