



PENNSYLVANIA WRESTLING COACHES ASSOCIATION

2023 Hall of Fame Nomination Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Email Address: _____

Spouse/Partner Name: _____

High School: _____ Year Graduated: _____

High School Record & Accomplishments:

College: _____ Year Graduated: _____ Major: _____

College Wrestling Record & Accomplishments

Grad School: _____ Year Graduated: _____ Major: _____

Coaching: Name of High School(s) & Years: _____

HS Coaching Won-Loss Record: _____

HS Coaching Accomplishments: