

Trinity College Sporting Hall Of Fame Nomination Form



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| Applicants surname: | |
| Applicants first name: | |
| Applicants maiden name: <i>(if applicable:</i> | |
| Year finished at Trinity College: | |
| Final Year level at Trinity College: | |
| Trinity College House: | |
| Applicants current mailing address: | |
| Applicants mobile number: | |
| Applicants email: | |
| SPORT played: | |
| Achievements: | |
| Name & telephone of person nominating: | |
| NOTE: | |

Please forward completed form to Mrs Christine Murray (Trinity College Sports office) or questions murraych@trinity.sa.edu.au or telephone: 8522 0645