



Chickasha Athletic Hall of Fame



MISSION: To honor the legacy of former individuals of the Chickasha Public School Athletic program, while providing inspiration for current Fightin' Chick athletes and coaches.

Membership to the *Chickasha Athletic Hall of Fame* consists of athletes, coaches, and other individuals who have made significant contributions to the Chickasha Public School Athletic Department.

CRITERIA FOR NOMINATION TO THE HALL OF FAME

ALUMNI:

1. May be considered ten years after graduating from Chickasha High School.
2. Must be of outstanding moral character.
3. Must have participated at the varsity level for a minimum of two years.
4. Must have successfully graduated from Chickasha High School.
5. Must meet a minimum of three of the following;
 1. High School All-American, or All State, or District First Team Member
 2. Outstanding statistical achievement in an individual sport or team sport
 3. Holder of a school record at one time
 4. Participated in and excelled at multiple varsity level sports
 5. Earned a collegiate athletic scholarship
 6. District Player of the Year or Team MVP
 7. 1st team All-Conference or media All-Conference team
 8. Selected to a recognized All Star Competition/Game
 9. Winner of an individual state championship
 10. Member of a national or international athletic team while in high school
 11. Drafted by a professional team or received an invitation to participate in a national or international athletic competition

(HOF Committee retains the option of selecting individual who do not meet a minimum 3 of the above criteria.)

COACH:

1. Must have a minimum of five years of coaching a single sport at Chickasha Public Schools.
2. Made lasting impact on athletes both on and off the field.
3. Must meet a minimum of one of the following:
 - a. Recognized as Coach of the Year from a District, All-State, or local media
 - b. Posted a career positive win/loss record
 - c. Coached a team to a District, Regional, or State Championship or coached a team which made the state playoffs.

(HOF Committee retains the option of selecting an individual who does not meet the above criteria.)

FRIEND OF THE PROGRAM:

1. A nominated "Friend of the Program" is an individual that has made a significant and lasting contribution to the Chickasha Public Schools athletic program.
2. A maximum of one "Friend of the Program" may be selected annually.

Athletic Hall of Fame Alumnus Nomination Form

Nominee: _____

Address (if known): _____

City/State/ Zip: _____

Phone Number (if known): _____ Email (if known): _____

Year Graduated from Chickasha High School: _____

Sports Played at Chickasha Public Schools:

High School Athletic Achievements:

Post High School Athletic Achievements and Participation:

Any additional information you would like the nominating committee to be aware of:

Nominator: _____

Address: _____

City/State/ Zip: _____

Phone Number: _____ Email: _____

Are you a graduate of CHS? YES NO If so, what year? _____

(PLEASE ATTACH TO THIS APPLICATION ANY OTHER INFORMATION YOU WOULD LIKE TO INCLUDE)

Please email the completed form to jbray@chickasha.k12.ok.us or mail to

CHS Athletics 900 W Choctaw Chickasha, OK 73018

Athletic Hall of Fame Coaches Nomination Form

Nominee: _____

Address (if known): _____

City/State/ Zip: _____

Phone Number (if known): _____ Email (if known): _____

Years Coached at Chickasha Public Schools: _____

Sports Coached at Chickasha Public Schools:

Honors/Championships/Outstanding Players:

Any additional information you would like the nominating committee to be aware of:

Nominator: _____

Address: _____

City/State/ Zip: _____

Phone Number: _____ Email: _____

Are you a graduate of CHS? YES NO If so, what year? _____

(PLEASE ATTACH TO THIS APPLICATION ANY OTHER INFORMATION YOU WOULD LIKE TO INCLUDE)

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Athletic Hall of Fame Friend of the Program Nomination Form

Nominee: _____

Address (if known): _____

City/State/ Zip: _____

Phone Number (if known): _____ Email (if known): _____

Years Involved with Chickasha Public School Athletics: _____

Connection with Chickasha Public School Athletics:

Involvement in the Chickasha Public School Athletics:

Any additional information you would like the nominating committee to be aware of:

Nominator: _____

Address: _____

City/State/ Zip: _____

Phone Number: _____ Email: _____

Are you a graduate of CHS? YES NO If so, what year? _____

(PLEASE ATTACH TO THIS APPLICATION ANY OTHER INFORMATION YOU WOULD LIKE TO INCLUDE)

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