

Tecumseh Alumni Association



WALL OF FAME APPLICATION

Application information

Full name: _____ Date: _____
Last First M.I.

Address: _____ Phone: _____
Street address Apt/Unit #

City State Zip Code

Maiden Name: _____ Class of: _____ Yrs. attended THS: _____

If deceased, name of closest relative: _____

Extracurriculars while at Tecumseh High School:

Clubs and/or sports: _____

Officer/Roles held: _____

Honors bestowed: _____

Please provide a detailed explanation of your reason for nominating this person. Use the back of the sheet if additional space is needed. Please attach resumes or additional pertinent information. Items can be submitted via email if more convenient. Please indicate in this space and we will send you email contact information.

Nomination Submitted by:

Full name: _____

Relationship: _____

Address: _____

Phone: _____

Address: _____

Email: _____

PLEASE SUBMIT FORM BY MAIL TO:

**Tecumseh Alumni Association
P.O. Box 384
Tecumseh, MI 49286**

ALL APPLICATIONS ARE DUE BY JANUARY 31ST OF EACH CALENDAR YEAR.