

# Loganlea Legends Hall of Fame Nomination Form

Name of nominee:		Date:	
Phone:			
Email:			
Address:			
Association with Loganlea SHS: E.g., Teacher, Ex-student, Ex-parent etc.			
Name of person submitting application and relationship with nominee: E.g., Friend, Student, Parent etc.	Name: _____ Phone: _____ Email: _____ Address: _____ _____		
Contact details (phone, email and address):			
Please give a detailed description of why this individual is being nominated (years of service – start and end date, actions, character traits etc.)			
Please attach or label any other documents of achievements to support the candidate's consideration.			

Forms are due by COB Friday, Week 9, Term 3. Forms can be handed to the office or emailed to [principal@loganleashs.eq.edu.au](mailto:principal@loganleashs.eq.edu.au)

**PLEASE NOTE:** Before submission, please make sure you have read the attached information as nominees will only be considered if they have met such requirements. Thank-you.