



PERSONAL INFORMATION FORM

Nominator & Nominee (or designee)

Please provide all known information

Name of Nominee			
Date of Birth			
Home Address			
Telephone #			
Mobile Phone #			
Email			
High School	Name:	Diploma Date:	
	From:	To:	
College(s) Attended	Name:	Diploma Date:	Degree:
	From:	To:	
College(s) Attended	Name:	Diploma Date:	Degree:
	From:	To:	

IMPORTANT: If the nominee is deceased, the nominator must complete the Personal Data Form, including as much information as possible, from the Category Form for which the individual is nominated.

Nomination Submitted by: _____

BHS Alumni: Yes ___ No ___ Date of Graduation: _____

Telephone #: _____ Cell Phone #: _____

Email Address: _____

NOMINEE PERSONAL DATA FORM

The nominee must submit a completed personal data form, including a biographical sketch in bullet form with relevant information enumerated in the criteria outlined under the specific category for which he or she is nominated. This must be submitted via US Mail by the April 15th deadline.

Mail completed paperwork to:

**Bob Raffalo
2 Neptune Drive
Old Saybrook, CT. 06475**

Personal Data

Name of Nominee			
Date of Birth			
Home Address			
Telephone #			
Mobile Phone #			
Email			
High School	Name:		Diploma Date:
	From:	To:	
College(s) Attended	Name:		Diploma Date:
	From:	To:	
College(s) Attended	Name:		Diploma Date:
	From:	To:	
			Degree: