# Arlington Catholic High School
# Hall of Fame Nomination Ballot

Your Name:_____ Relationship to Candidate:_____

Your Phone Number:_____ Your E-mail Address:_____

Name of Nominee:_____ Year of Graduation (If applicable):_____

☐ ACHS Hall of Fame ☐ ACHS Athletic Hall of Fame

☐ ACHS Arts Hall of Fame

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Please return form to ACHS Development Office, 16 Medford Street, Arlington, MA 02474.