



KENTON CITY SCHOOLS

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kentoncityschools.org

ALUMNI HALL OF FAME COMMITTEE MEMBER APPLICATION

TODAY'S DATE: _____

FIRST AND LAST NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL:

POSITION (PLEASE CHECK ALL THAT APPLY)

CURRENT

ALUMNI

KCS RETIREE

THE YEAR YOU GRADUATED FROM KENTON HIGH SCHOOL _____

TERM OF APPOINTMENT WILL BE TWO/THREE YEARS

How could you best contribute to the Hall of Fame Committee?

APPLICATION DEADLINE: 1st MONDAY IN OCTOBER

PLEASE RETURN THIS APPLICATION TO:

KENTON CITY SCHOOLS

ATTN: ALUMNI HALL OF FAME COMMITTEE

222 WEST CARROL STREET

KENTON, OHIO 43326

Chad Thrush

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Jill Smith
Treasurer

P 419-673-0775

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