NIAGARA ATHLETICS LEGACY PROJECT: NEXT LEVEL

Collegiate Athlete Information Form

Thank you for helping preserve the athletic legacy of the School District of Niagara.

The School District of Niagara is creating a permanent display recognizing Niagara graduates who continued their athletic careers at the collegiate level. This exhibit will celebrate the dedication and accomplishments of our alumni while inspiring future generations of Badgers.

Eligibility: Alumni must have completed **at least one season of collegiate athletics** to be included.

ATHLETE INFORMATION

Name as it appeared at graduation from Niagara:

Current Name (if different):

Niagara Graduation Year:

Current Mailing Address (optional):

Phone Number:

Email Address:

COLLEGIATE ATHLETICS INFORMATION

College(s) or University(ies) Attended:

Sport(s) Played:

Years Participated:

Degree Earned (if applicable):

BIOGRAPHY

Please provide a brief biography (approximately **100–200 words**) highlighting your collegiate athletic experience, accomplishments, degree earned (if applicable), career, and any other information you would like to share.

(Attach additional pages if necessary.)

PHOTO SUBMISSION

Please submit **ONE** of the following:

☐ High-resolution digital athletic portrait *(Preferred)*

☐ 8" × 10" printed athletic portrait

Photo Guidelines

- Individual photo only
- Professionally photographed, if possible
- Taken in your collegiate uniform
- Action photos are discouraged

Our preference is a high-resolution digital image, which allows us to professionally print and size the photo for the display. If a digital image is unavailable, we will gladly accept an 8" × 10" printed photograph.

ADDITIONAL INFORMATION (Optional)

Please list any additional athletic achievements, honors, awards, or information you would like included (space permitting).

SUBMISSION INFORMATION

Please submit your completed form and photograph to:

Rachael Butler
District Administrative Assistant
School District of Niagara
700 Jefferson Avenue
Niagara, WI 54151

Phone: 715-251-4541 ext. 105

Email: rbutler@niagara.k12.wi.us

PERMISSION TO USE INFORMATION

I certify that the information provided on this form is accurate to the best of my knowledge. I grant the School District of Niagara permission to use the information and photograph I have provided for the Niagara Athletics Legacy Project display and related district publications, including print and digital media.

Signature: _____

Date: _____

Thank you for helping us preserve the proud athletic history of Niagara. Your accomplishments continue to inspire future generations of Badgers!