



OAC Clyde Lamb Award Recipient Form

Please email color photos, four action photos and a headshot to lrickel@oac.org

Form is due by Monday, April 6, 2009

GENERAL

Recipient

_____ (Exactly as the name should appear on the tower and in the program)

_____ Date of Birth

Hometown/High School: _____ Male Female

Institution: _____

ACADEMICS

Degree Program _____ Current GPA: _____

Major (s) _____ Minor (s) _____

Academic Awards:

VARSITY SPORTS

Sport _____ Position/Event _____ Varsity Letters _____

Sport _____ Position/Event _____ Varsity Letters _____

Sport _____ Position/Event _____ Varsity Letters _____

Please list team awards, statistics, school/conference/national records and honors.

(additional space on next page)

