

**Genesee Valley
Central School**
"Home of the Jaguars"



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TEAM

WALL OF FAME QUESTIONNAIRE

Team: _____

Date Submitted: _____

Contact Person: _____

Address: _____

Phone: _____

City: _____

State: _____

Zip: _____

Year: _____ School: _____

Coach: _____

Team accomplishments:

Team roster: