

Maryland Slow Pitch Softball Association, Inc.

Hall of Fame Nomination Form

Nominee's Name: _____ Date: _____
(Last) (First) (MI)
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Mobile: _____ Email: _____
Date of Birth: _____ Birthplace: _____ I grew up here: _____
(City, State) (City, State)
Contact's Name (if Deceased): _____ Phone: _____

1) Nominee to be considered for the Hall of Fame in the following Category(s) (Circle All That Apply):

Player Senior Player Manager / Coach Sponsor Umpire Administrator / Promoter

2) Number of years participating in Slow Pitch Softball: _____

3) Attach a Summary of the Nominee's Slow Pitch Softball Career on a separate sheet:

- Teams (List level of play (ex: Class B, etc.) and years for each Team listed)
- Accomplishments, Personal Awards, Team Awards, Championships, etc.
- Describe what qualifies the Nominee as an Impact Player or one who stood out in the selected Category(s).

4) References (Name, Phone and/or Email):

- _____
- _____
- _____

5) Employer (former, if retired): _____

6) High School: _____
(Name) (City) (State)

7) College: _____
(Name) (City) (State)

8) Include a Photo (in uniform and/or in action) with this Form to assist the Nomination and Election Committees.

9) When elected, you must provide a Typed Biography (150 words or less) and a Face Photo for your Plaque.

Have you ever been Suspended, Expelled, or Disciplined by any Softball Organization or Sanctioning Body?
Yes: No: Initial: _____ If Yes, please provide an explanation on back of page.

Have you ever been convicted of a Felony?
Yes: No: Initial: _____ If Yes, please provide an explanation on back of page.

All Nominations will be investigated via local Recreation Departments and National Sanctioning Bodies.

This Nomination Form must be received by July 1 to be eligible for Election / Induction

Mail To:

Maryland Slow Pitch Softball Association, Inc.
Hall of Fame Nomination
P.O. Box 994
Abingdon, Maryland 21009-0994