

## Minnesota Recreation and Park Association United States Specialty Sports Association Minnesota USSSA Hall of Fame Sponsor Nomination



Election to the Minnesota USSSA Hall of Fame is the highest honor that can be bestowed upon a member. The candidate does not have to be a retiree to be nominated or elected; however, all candidates must have been a member or associated with Minnesota USSSA for at least ten (10) years and must be at least forty (40) years of age or more. The years of service and age requirement will not apply to any candidate who is deceased. The candidate will have demonstrated extraordinary service, devotion, ideas and ideals above and beyond the ordinary over the years. Therefore, very careful consideration should be given before submitting a candidate's name. Please complete all parts of this application to the best of your knowledge.

A candidate for the Hall of Fame must be recommended to the Minnesota USSSA State Director. Such recommendations must be submitted in writing no later than October 15 of the year prior to the banquet, using the Official "Minnesota USSSA Hall of Fame Nomination". All candidates nominated will be sent an application to submit by November 1 and shall include detailed background information, statistics and a recent photograph of the candidate in order for proper consideration to be given if the information wasn't already provided on the application form received. All recommendations are only good for one (1) year. Unsuccessful candidates must be resubmitted each year. A person can only be elected to the Minnesota USSSA Hall of Fame once.

On November 15 of the year prior to the banquet, the next class of Minnesota USSSA Hall of Fame inductees will be announced. They will be honored at a banquet in January and will receive their Minnesota USSSA Hall of Fame Award. NOTE: The Hall of Fame banquet takes place every other year.

		Candidate's Information	
Candidate's Full Name:			
	First Name	Middle Name	Last Name
Candidate's Address:			
	Mailing/Street A	ddress	
	City	State	Zip Code
Candidate's Phone #:	 Home #		Cell #
	Home #	WOIK#	ceii #
Candidate's Email Address:	Email Address (required)		
Candidate's Date of Birth:			
Candidate's Date of Birth.	Month	Date	Year
Category Nominated for:		Female Player	☐ Male Player
		☐ Manager/Coach ☐ Director	Sponsor Umpire
		Meritorious Award	Posthumous Award
		Nominator's Information	
Nominated By:			
	First Name	Last Name	
Nominee's Address:			
	Mailing/Street A	ddress	
	City	State	Zip Code
Nominee's Phone #:	 Home #	Work #	Cell #
	Home #	AA QI V. III	CCII TI

Nominee's Email Address:			
Email Address (required) In what ways do you consider that you have most successfully contributed to the Minnesota USSSA program? Please provide years of service and the type of support provided.			