



# Minnesota Recreation and Park Association United States Specialty Sports Association Minnesota USSSA Hall of Fame Director Application



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 Awards. NOTE: The Hall of Fame banquet takes place every other year.

### Candidate's Information

**Candidate's Full Name:** \_\_\_\_\_  
First NameMiddle NameLast Name

**Candidate's Address:** \_\_\_\_\_  
 Mailing/Street Address

\_\_\_\_\_  
CityStateZip Code

**Candidate's Phone #:** \_\_\_\_\_  
Home #Work #Cell #

**Candidate's Email Address:** \_\_\_\_\_  
 Email Address (required)

**Candidate's Date of Birth:** \_\_\_\_\_  
MonthDateYear

### Nominator's Information

**Nominated By:** \_\_\_\_\_  
First NameLast Name

**Nominee's Address:** \_\_\_\_\_  
 Mailing/Street Address

\_\_\_\_\_  
CityStateZip Code

**Nominee's Phone #:** \_\_\_\_\_  
Home #Work #Cell #

**Nominee's Email Address:** \_\_\_\_\_  
 Email Address (required)

**DIRECTOR INFORMATION**

- 1. Have you ever participated in the USSSA program as a player?  Yes  No If yes, number of years: \_\_\_\_\_
- 2. Have you ever participated in the USSSA program as a manager or coach?  Yes  No If yes, number of years: \_\_\_\_\_
- 3. Have you ever participated in the USSSA program as an umpire?  Yes  No If yes, number of years: \_\_\_\_\_
- 4. Have you ever served as a MN USSSA Area and or League Director from \_\_\_\_\_ to \_\_\_\_\_  
Year Year
- 5. Have you ever hosted a MN USSSA Region/State Tournament?  Yes  No If yes, how many: \_\_\_\_\_
- 6. Have you ever served as a MN USSSA Region/State Tournament Director?  Yes  No If yes, how many: \_\_\_\_\_
- 7. Have you ever volunteered at the MN USSSA Hall of Fame Golf Tournament?  Yes  No If yes, how many: \_\_\_\_\_
- 8. Have you ever volunteered at the MN USSSA Hall of Fame Banquet?  Yes  No If yes, how many: \_\_\_\_\_
- 9. Have you ever served as a MN USSSA State Director from \_\_\_\_\_ to \_\_\_\_\_  
Year Year
- 10. Are you an MRPA Member?  Yes  No
- 11. Have you served on the MRPA Board of Directors?  Yes  No If yes, number of years: \_\_\_\_\_

Please indicate years and positions.

- 12. Have you served on the Recreation Sports Commission (RSC)?  Yes  No If yes, number of years: \_\_\_\_\_  
Please indicate years and positions.

- 13. Have you served as a chairperson for a MRPA Section/Committee?  Yes  No If yes, number of years: \_\_\_\_\_  
Please indicate years and positions.

- 14. Indicate years, positions and involvement with other MRPA Section/Committees and events.

**15. Please provide any detailed information regarding any individual awards you have received.**

**16. In what ways do you consider that you have most successfully contributed to the Minnesota USSSA program?**

**17. Give the most exciting event in your career while participating in the Minnesota USSSA program:**

**18. In a brief statement give your opinion of the game of softball, the USSSA organization and any suggestions for its betterment:**

**19. Additional remarks – use extra blank sheets if needed:**

**TO BE SIGNED BY THE CANDIDATE AND THE NOMINATOR MAKING THE RECOMMENDATION**

I hereby pledge that all information submitted in this application is true and factual to the best of my knowledge.

\_\_\_\_\_  
Candidate Name (print)

\_\_\_\_\_  
*Candidate Name (sign)*

\_\_\_\_\_  
Nominator Name (print)

\_\_\_\_\_  
*Nominator Name (sign)*

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Date Year

The MN-USSSA Hall of Fame inductees are subject to business formal attire dress codes imposed by the Hall of Fame Committee. Typical clothing choices consist of conservative colors, fabrics and styles that is comfortable enough to feel more relaxed.

This application must be mailed to: **Minnesota USSSA  
Hall of Fame Committee  
200 Charles Street Northeast  
Fridley, MN 55432**

Emailed to: [softball@mnrpa.org](mailto:softball@mnrpa.org)  
Faxed to: 763-571-5204 (*need original copy*)

**Minnesota Hall of Fame Committee**

**Application received by Minnesota USSSA State Director on:**

\_\_\_\_\_  
Month Date Year

**Remarks by the Hall of Fame Committee:**

**Final Action by Hall of Fame Committee:** \_\_\_\_\_

Color Photo attached (8 x 10) – Headshot  Yes  No Ring Size: \_\_\_\_\_

\_\_\_\_\_  
Chair, Hall of Fame Committee Name (print)

\_\_\_\_\_  
*Chair, Hall of Fame Committee Name (sign)*

\_\_\_\_\_  
Month Date Year