



**Minnesota Recreation and Park Association  
United States Specialty Sports Association  
Minnesota USSSA Hall of Fame Female-Male Player 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 Name	Middle Name	Last Name
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Candidate's Address: \_\_\_\_\_  
Mailing/Street Address  
\_\_\_\_\_  

City	State	Zip Code
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Candidate's Phone #: \_\_\_\_\_  

Home #	Work #	Cell #
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Candidate's Email Address: \_\_\_\_\_  
Email Address (required)

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

Month	Date	Year
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**Nominator's Information**

Nominated By: \_\_\_\_\_  

First Name	Last Name
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Nominee's Address: \_\_\_\_\_  
Mailing/Street Address  
\_\_\_\_\_  

City	State	Zip Code
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Nominee's Phone #: \_\_\_\_\_  

Home #	Work #	Cell #
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Nominee's Email Address: \_\_\_\_\_  
Email Address (required)

FEMALE/MALE PLAYER INFORMATION

1. Are you an active player?  Yes  No Retired?  Yes  No If retired, what year? \_\_\_\_\_

2. How many years have you played softball? \_\_\_\_\_

3. How many and which years have you played USSSA softball? \_\_\_\_\_

4. List names of USSSA teams and locations in which you have participated:

5. What positions have you played? \_\_\_\_\_

6. What is considered as your main position? \_\_\_\_\_

7. What is your approximate USSSA lifetime batting average? \_\_\_\_\_

8. Approximately how many homeruns have you hit in USSSA league and tournament play? \_\_\_\_\_

9. What type of hitter? \_\_\_\_\_

10. Are you a pitcher?  Yes  No

Pitching records (if you are a pitcher): Lifetime wins and loss record in the USSSA program: Wins \_\_\_\_\_ Losses \_\_\_\_\_

USSSA World Tournament (include divisional and world series) Wins and loss record: Wins \_\_\_\_\_ Losses \_\_\_\_\_

11. Have you ever been selected as the most valuable player in a USSSA league and/or tournament?  Yes  No

If yes, please list below the events in which you were selected as the MVP (please list the year/years):

12. Have you ever been selected on a USSSA All-State tournament team?  Yes  No

If yes, please list the years in which you received this honor:

13. Have you ever been selected on a USSSA All-Tournament team in a National Tournament, World Tournament, Division Championship Tournament, or World Series?  Yes  No

If yes, please list the years and the name of the tournament in which you received this honor:

14. Comment in detail about your participation in USSSA State, National and World Tournaments. Include tournament classification, team championship titles and years and any special awards received that have not been mentioned above, etc.:

15. Describe what you consider to be your greatest softball thrill while competing in the Minnesota USSSA softball program:

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

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

18. 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 for nomination received by Minnesota USSSA State Director on:

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