

MGSHPA HALL OF FAMME NOMINATION FORM

Deadline: May 1

Nomination for (*Check one*): PITCHER PROMOTER DATE: _____

NOMINEE'S NAME _____ PHONE # _____

ADDRESS _____

CITY, STATE, and ZIP _____

Birth Date _____ Date of Death (*if applicable*) _____

Number of years of MGSHPA membership: _____ (*minimum of 15 years required*)

Dates of membership: _____

Pitching achievements (*include history*)

Official positions held, include dates (*league, state, national*)

Other contributions to the sport

attach additional pages if necessary

Nomination submitted by _____ Phone # _____

Address _____

City, State, and ZIP _____

*Submit nomination to:
Joe Mueller – Nominations Director
2057 152nd Lane NE
Ham Lake, MN 55304*