Minnesota Amateur Baseball Hall of Fame

 **PO Box 7705 | St. Cloud, MN 56302 | Phone: 218-298-0434|**

NOMINATION HOF FORM Annual Deadline Date for Nomination is JUNE 1st,

***PLEASE NOTE:*** *Only one person can be nominated on this form. Please complete the following information about the Nominee.*

**NATION FORM Deadline date for nomination is July 1.**

**Nominee NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF NOMINATION\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS / CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP CODE\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BIRTH DATE\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-MAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OCCUPATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check All that apply:**

**Player**  \_\_\_\_\_\_ **Manager**  \_\_\_\_\_ **Coach \_\_\_\_\_\_**

**Volunteer Field Maintenance \_\_\_\_ Other \_\_\_\_\_\_\_**

**U.S. Veteran \_\_\_\_\_\_**

**The above information is necessary if the nomination is to be accepted.**

**I feel the above person qualifies for membership in the Minnesota Amateur Baseball Hall of Fame for these reasons. Baseball= Outstanding player, Coach, Mgr. or building & support of local facilities, supporting baseball volunteer and other community activities.**

**(Note use back side or attach letters if needed to complete Involvement**

**Involvement or participation in Minnesota Amateur Baseball:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**)**

**Involvement or participation in American Legion, High School, VFW, College or other Youth baseball programs:**

**Involvement in Community and Service Organizations:**

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**Nomination Form Continued:**

**Nominating Party: List Chair or Co Chairs- \_\_\_\_\_\_\_\_\_\_\_\_ or supporter\_\_\_\_\_\_\_\_\_**

**Name: Address:**

**City: Zip:**

**Phone: E:Mail:**

**Nominee Last Name from above**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I**f additional space is needed for your information, use more sheets. Include newspaper articles, and or**

**other materials with the Nomination Form which will not be returned unless a request is made at the time of the nomination. You should organize a community campaign in support of your Nominee.**

**Additional how to nominate information can be found on HOF web site.**

 ***www.mnamateurbaseballhof.com***

**Send information to the following address:**

**John George , Secretary**

**Minnesota Amateur Baseball Hall of Fame**

**Home Phone: 218-298-0434**  --

**Email: mnbaseballhof@gmail.com**

**Complete information is necessary for consideration by the Selection Committee.**

**All names and addresses must be legible, typed or printed to be accepted. Deadline date for nomination is June 1st. All nominations are kept on file but nominees not selected must be re-nominated with one application annually then all past support letters will again be included with nomination and considered...**

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