



HALL OF FAME NOMINATION FORM

Category Name of Nominee

Address City State Zip

Telephone () _____ - _____ () _____ - _____
Area Code Residence Area Code Business

NOMINATED BY _____
Signature of MASA Board of Commissioners

REFERENCES:

Name Name

Name Name

In order for your nominee to have a fair and full opportunity at being selected to the Michigan Amateur Softball Association's Hall of Fame, please complete this form in it's entirety and use the check list provided below.

- 1) COMPLETE RESUME'
- 2) SCRAPBOOKS - NEWSPAPER ARTICLES
- 3) TESTIMONIALS
- 4) ADDITIONAL INFORMATION
- 5) PASS PORT TYPE PHOTO

Send nominations to:

Michigan Amateur Softball Association
3316 Isabella Street
Midland, Michigan
48640-4314

This form must be received no later than November 01, of the current year in order to be considered by the MASA Hall of Fame Selection Committee.