**CT PITCHERS ASSOCIATION HALL OF FAME NOMINATION FORM**

NOMINEE INFORMATION

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIPCODE \_\_\_\_\_\_\_\_\_\_\_

NOMINATION CATEGORY

\_\_\_\_\_ Player

Nominee must have pitched in CT tournaments as a class A player actively, retired or deceased consecutively for 5 years

\_\_\_\_\_ Organizer

Nominee who promoted/organized CT Horseshoes years is active or retired for 5 years

\_\_\_\_\_\_ Player/Organizer

Nominee must meet both category requirements

List achievements of the nominee which you feel support the merit of the nomination and state while you feel the nominee worthy to be inducted in the Hall of Fame.