

CT PITCHERS ASSOCIATION HALL OF FAME NOMINATION FORM

NOMINEE INFORMATION

NAME _____ BIRTHDATE _____

MAILING ADDRESS _____ 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.