



METRO WASHINGTON SLOW PITCH HALL OF FAME COMMISSION

HALL OF FAME CANDIDATE

NAME _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

CONSIDERATION AS: _____ SPONSOR: _____

EXPERIENCE: _____

ACHIEVEMENTS: _____

PROFILE: _____

USE ADDITIONAL SHEET FOR ADDITIONAL SPACE

COMPLETE FORM AND MAIL TO:

DON MILLER

CLINTON, MD