NC-HPA HALL OF FAME NOMINATION FORM

(Please type or print)

NOMINEE INFORMATION Name		Birth date
(If deceased fill in date of death fill in only the state where the nominee resi		nay omit phone and address and
Mailing Address	Phone #	
City	State: NC ,	Zip Code
Number of Years as NHPA member	, (At least 10 adult	years required)
BASIS	FOR THE NOMINATION	
IN YOUR OWN WORDS STATE WHY THE NOOITHE NOMINEE SHOULD HAVE CONTRIBUTED AND/OR EXCELLED IN THE PITCHING OF HOULD LIST THE ACHIEVEMENTS OF THE NOMINEE NOMINATION. (If a player, you must include record and ringer % for each event. If a Proindividual. Be sure to list any NHPA offices Achievement awards that may have been eanother sheet of paper or write on the revolution of the revolution o	D SIGNIFICANTLY TO THE PRESENCES DURING A PERIOD WHICH YOU FEEL SUPPORTED THE TOTAL TOTAL PROPERTY OF THE TOTA	ROMOTION OF HORSESHOES OD OF AT LEAST TEN YEARS: RT THE MERIT OF THE date, class, place of finish, W/L h list the accomplishments of the ey have held, or any NHPA e is available, please include may also send additional
NHPA MEMBER MAKING THIS NOMINATION		·
Name		Date:
Mailing Address:		Zip Code
	E-mail Address	
Send nomination form to: William Crouse, questions to William Crouse, HOF Director,	·	·
Form must be received by May 15 th date for consideration and if accepted will be include		• •