

Wyoming Horseshoe Pitching Hall of Fame Nomination Form

I. NOMINEE INFORMATION

Name _____ Birth Date _____

(If deceased fill in the date of death _____. You may omit phone and address and fill in only the state where the nominee resided while living.)

Mailing address _____ Phone # _____

City _____ State _____ Zip Code _____

Number of years as an NHPA member _____ (At least 10 adult years required)

Enclose a photo of the nominee if one is available. It does not need to be professional.)

II. NOMINATION CATEGORY – Check one

_____ PITCHING –A player who has (a) won at least one State Championship, or (b) pitched for many years with an exuberant record worthy of being inducted.

_____ SERVICE – A person who has administered, promoted and/or organized horseshoe pitching activities for at least 5 years for the benefit of WYHPA members.

_____ SPORTSMANSHIP – A person who has pitched in the state for many years and who has exhibited outstanding sportsmanship, year after year.

III. FAMILY DATA (If warranted, a brief personal history including names of parents, spouse, children and grandchildren, etc. Can include city, state, or country where born and locations where the nominee has lived.)

IV. LIST THE ACHIEVEMENTS OF THE NOMINEE WHICH YOU FEEL SUPPORT THE MERIT OF THE NOMINATION.

V. IN YOUR OWN WORDS, TELL THE HOF COMMITTEE WHY YOUR
NOMINEE IS WORTHY OF ELECTION TO THE WYHPA HORSESHOE
HALL OF FAME.

VI. NHPA MEMBER OR CLUB MAKING THIS NOMINATION:

Name _____ Date _____

Mailing address _____

City _____ State _____ Zip Code _____

Phone # _____ Email address _____

Send nomination form to: Diana Shannon, 902 E 6th St., Gillette, WY 82718. Form must be received by the State Tournament each year in order for nomination to be considered.

NOTE: All nominations are reviewed by the executive committee before a candidate is placed on the ballot. If a nomination is rejected, it will be returned to the sender. No individual or club will be allowed to submit more than two nominations per year.