**Wyoming Horseshoe Pitching Hall of Fame Nomination Form**

1. 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.)

1. 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.

1. 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.)
2. LIST THE ACHEIVEMENTS OF THE NOMINEE WHICH YOU FEEL SUPPORT THE MERIT OF THE NOMINATION.
3. IN YOUR OWN WORDS, TELL THE HOF COMMITTEE WHY YOUR NOMINEE IS WORTHY OF ELECTION TO THE WYHPA HORSESHOE HALL OF FAME.
4. NHPA MEMBER OR CLUB MAKINGTHIS 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.