Hall of Fame Nomination Form
Missouri High Baseball Coaches Association

Name of Person being nominated (*please type or print clearly*): **Nomination Year:_____**

_____ _____
First name **Last name**

Home Address:_____City_____State_____Zip_____

Home phone:_____Work phone:_____Cell phone:_____

E-mail address:_____Best Time to be reached:_____

MHSBCA membership (how many years)_____Number of MHSBCA Conventions Attended_____

Offices Held or Committees Served on:	Number of Years

Total Years Coaching BB:_____ **Total Years as Head Coach (HS Varsity only)_____**

Schools where nominee has coached:

Head Coach	Years	School - School Address - City – State -Zip	Sch Phone	*HS Record	Contact Person
Asst Coach	**Years**	**School – School Address - City – State -Zip**	**Sch Phone**		**Contact Person**
				X	

***<u>Only high school season record</u> – no club teams, summer teams, all-star games, or travel teams etc.**

Person making nomination:_____Position_____

Contact Person MHSBCA Member: YES _____ NO _____

Contact Person's telephone number_____Contact Person's e-mail address:_____

Contact Person's
Mailing address: _____

Write a brief statement on why you believe this person should be put in the MHSBCA Hall of Fame:

Please attach Nominees Resume to Form

Mail nomination form to:

Brad Mayfield
c/o HOF Committee
3250 Northwest 51st
Blue Springs, MO 64015

Deadline for turning in nomination form: October 1st

Office use only:

Date submitted: _____