



# Hall of Fame Membership Form

(Nomination must be submitted by December 11)

Name of Nominee:

Your Name:

Date:

Please provide, in narrative, your reasons for nominating this person for this award:

Please provide the year(s) for any/all NHSUA Board positions held by the nominee

\_\_\_\_\_ President

\_\_\_\_\_ Vice President

\_\_\_\_\_ Past President

\_\_\_\_\_ Sec./Treasurer

\_\_\_\_\_ Member at Large

\_\_\_\_\_ Assignor

\_\_\_\_\_ Rules Interpret

\_\_\_\_\_ Supervisor of Umpires

\_\_\_\_\_ Supervisor of Assignors

\_\_\_\_\_ Web Master

\_\_\_\_\_ Evaluation Chair

\_\_\_\_\_ Apprentice Chair

Please list any/all committees or clinic staff positions including year(s) served:

Please list the year or years of any/all charitable contributions provided:

\_\_\_\_\_ Volunteer leadership for umpire clinics

\_\_\_\_\_ Volunteer umpire games for Make a Wish, Special Olympics

\_\_\_\_\_ New Hampshire Senior Games

\_\_\_\_\_ Maine/New Hampshire games

\_\_\_\_\_ Volunteer umpire clinics

\_\_\_\_\_ Volunteer umpire experiences

\_\_\_\_\_ Volunteer coaching experiences

\_\_\_\_\_ Volunteer league director experiences

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For Committee Use Only

\_\_\_ Twenty Five Year Member  
Standing

\_\_\_ Member in Good

\_\_\_ Lowest Rating

\_\_\_ Highest Rating

\_\_\_ Served as a softball coach/AD/softball committee member

\_\_\_ Three or more NH state championship games

\_\_\_ Other awards received