

# Oregon ASA

Hall of Fame Nomination Form

## “Oregon’s Finest”

Name of nominated candidate or sponsor: \_\_\_\_\_

Sponsor Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Please indicate (X) the category you are nominating this candidate for:

<input type="checkbox"/>	Player
<input type="checkbox"/>	Umpire
<input type="checkbox"/>	Manager/Coach
<input type="checkbox"/>	Sponsor
<input type="checkbox"/>	Meritorious Service
<input type="checkbox"/>	Commissioner/Administrator
<input type="checkbox"/>	Betty Evans Grayson (Outstanding player in final year of youth softball)
<input type="checkbox"/>	Chuck Quinn Award (Outstanding youth coach of the year.) Nominated by player.

**Candidate Qualifications:**

Briefly answer the criteria questions that pertain to your candidate.  
 Attach information that documents each criteria. Newspaper clippings or photos are welcome.  
 Attach two (2) additional letters of recommendation from other for the candidate.

Years as an active ASA member: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Currently Active \_\_\_\_\_ Retired Year \_\_\_\_\_

Division participated in: (If more than one, mark (X) all that apply)

<input type="checkbox"/>	Fastpitch
<input type="checkbox"/>	Slowpitch
<input type="checkbox"/>	Coed
<input type="checkbox"/>	Junior
<input type="checkbox"/>	Olympic

Name of Championship Team: \_\_\_\_\_ Year: \_\_\_\_\_

Division & Class: \_\_\_\_\_ Site of State Tournament: \_\_\_\_\_

Total number of State Tournaments Participated in, or coached: \_\_\_\_\_

Recipient of State Tournament Award:

All Star                      MVP                      Hitter                      Home Run                      Other Award

Total number of teams sponsored: \_\_\_\_\_ Years sponsored \_\_\_\_\_

Umpire:

State Points \_\_\_\_\_ Regional Points \_\_\_\_\_ National Points \_\_\_\_\_ UIC Points \_\_\_\_\_ Total \_\_\_\_\_

Commissioner/Administrator

Position \_\_\_\_\_ From Years \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ From Years \_\_\_\_\_ To \_\_\_\_\_

Meritorious Service, please describe reason for nomination: \_\_\_\_\_

Nominated By: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_