

ARIZONA SOFTBALL FOUNDATION

HALL OF FAME NOMINATION FORM

YOUR INFORMATION:

Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Phone () _____

NOMINATION INFORMATION

NOMINEE'S INFORMATION:

Name: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Contact Phone () _____

Brief description why this nominee should be considered for the Arizona Softball Hall of Fame.

CATEGORY: Player ____ Coach ____ Contributor ____ Umpire ____

National Championship Team ____ Year ____

RETURN TO

JOANNA BURTON
7335 W. Mission Ln
Peoria, AZ 85345