

AKRON AMATEUR SOFTBALL HALL OF FAME NOMINATION FORM

Nomination For:			
<input type="checkbox"/> Fast Pitch	<input type="checkbox"/> Slow Pitch	<input type="checkbox"/> Men	<input type="checkbox"/> Women
<input type="checkbox"/> Player	<input type="checkbox"/> Coach/Manager	<input type="checkbox"/> Umpire	<input type="checkbox"/> Sponsor
Check One			

PURPOSE

To recognize men and women who have distinguished themselves in USSSA and/or ASA softball in the Greater Akron area, which includes District 6 USSSA and District 9 ASA, either as a player, coach/manager, umpire, sponsor or administrator, or by meritorious efforts on behalf of softball.

CRITERIA

1. A player must have been a member of a championship team (either League or Tournament) and inactive for at least 3 years.
2. A Coach/Manager, umpire must have participated a minimum of 10 years.
3. Persons from the Greater Akron area elected to state softball halls of fame will automatically be inducted into the Akron Amateur Hall of Fame.
4. A nominee must have contributed to softball in the Greater Akron area for a minimum of five (5) years.
5. The nominee must have demonstrated good sportsmanship in addition to consistent excellence on the field.
**
6. Required information -
Achievements in softball should include things such as: career batting average, home runs, RBI's, pitching won/lost record, no hitters, etc. Also list teams and years played plus any MVP, All-star, and all tournament awards. Supporting documentation such as newspaper articles are desirable.**
7. All nominations need to be attested to by a manager and one teammate or by two teammates.
8. A maximum of fifteen (15) persons may be elected to the Hall of Fame in a single year.
(12 players, manager, umpire, director and/or sponsor)

NAME OF NOMINEE: _____

ADDRESS: _____

PHONE NUMBER (Include area code): _____

**** ATTACH A SHEET OF PAPER WITH REQUESTED DATA AND ANY COMMENTS.**

ATTESTING: MANAGER OR TEAMMATE:

TEAMMATE:

NAME (printed) _____

NAME (printed) _____

PHONE NUMBER _____

PHONE NUMBER _____

SIGNATURE _____

SIGNATURE _____

OVER

**Note: Completed form must be mailed and received by July 1st to Larry Shaw,
3758 Cottage Grove Rd Akron, Ohio 44319**

YEARS PLAYED: From: _____ **To:** _____

POSITION (S) PLAYED:

TEAMS PLAYED FOR: *List with Years

**Pitchers
Won**

**Record
Lost**

**LEAGUE CHAMPIONSHIPS:
(LEAGUE & YEAR)**

**N.E.O CHAMPIONSHIPS:
(TEAM & YEAR)**

**TOURNAMENT CHAMPIONSHIPS:
(TOURNAMENT & YEAR)**

**WORLD TOURNAMENTS:
(TOURNAMENT & YEAR)**

**ALL-STAR TEAMS:
(LEAGUE & YEAR)**

**ALL TOURNAMENT TEAMS:
(TOURNAMENT & YEAR)**

**ALL WORLD TEAMS:
(TOURNAMENT & YEAR)**

**M.V.P. AWARDS:
(LEAGUE or TOURNAMENT & YEAR)**

COMMENTS: _____

NOMINATED BY: _____

(NAME & PHONE NUMBER): _____

JOE MIKTARIAN SERVICE AWARD

THIS PRESTIGIOUS AWARD WAS ESTABLISHED IN 1994 TO HONOR THOSE WHO HAVE GIVEN THEMSELVES TO THE SPORT OF SOFTBALL, THE COMMUNITY, AND THOSE WHO HAVE HELPED THE SPORT TO GROW OVER THE YEARS.

COACH/MANAGER (10 years minimum)

FAST PITCH SLOW PITCH
✓ Check One

TEAM & YEAR: _____

TEAM RECORD: _____

CHAMPIONSHIPS (League, State, National, World):
TEAM & YEAR:

SPONSOR (10 years mimumim)

TEAMS & YEARS: _____

UMPIRE (10 years minimum)

FAST PITCH SLOW PITCH BOTH
✓ Check One

STATE, NATIONAL, WORLD TOURNAMENTS OFFICIATED: _____

HIGH SCHOOL, COLLEGE, ASA, USSSA – OTHER: _____

