NHPA HALL OF FAME NOMINATION FORM

(Please type or print)

NOMINEE INFORMATION

Name _____ Birthdate _____

(If deceased fill in date of death _____.

You may omit phone and address and fill in only the state where the nominee resided while living.)

Mailing Address _____ Phone # _____

City _____ State _____ Zip Code _____

Number of Years an NHPA member: _____ (At least 10 adult years required)

Enclose a photo of the nominee if one is available. It need not be a professional photo.

NOMINATION CATEGORY - Check One

____ **Pitching Excellence**

(a) A player who has won a World Championship at least 2 times, or
(b) A player who has averaged at least 75% and/or finished in the top 5 of one or more W.T. Championship Division finals at least 4 times, or
(c) A player who has pitched in at least 8 World Championship Division finals of any combination of divisions and averaged at least 70% for those events.

____ **Promoter/Service to NHPA**

A person who has administered, promoted and/or organized horseshoe pitching activites for at least 8 years for the benefit of NHPA members at the national or regional level.

____ **Historic Pitching Excellence**

A person with similar qualifications as in the Pitching Excellence category and who last pitched in a W.T. Championship Division finals at least 30 years prior to the year of nomination.

FAMILY DATA (A brief personal history including names of parents, spouse, children and grandchildren, etc. Can include city, state or country where born, and locations where the nominee has lived)

LIST THE ACHIEVEMENTS OF THE NOMINEE WHICH YOU FEEL SUPPORT THE MERIT OF THE NOMINATION. (If a player, you must include the tournament name, date, class, place of finish, W/L record and ringer % for each event. If a Promoter/Organizer, you must list the accomplishments of the individual. Be sure to list any NHPA offices or regional offices that they have held, or any NHPA Achievement awards that may have been earned. If not enough space is available, please include another sheet of paper or write on the reverse side of this form. You may also send additional documentation you feel would be of interest to the HOF committee)

IN YOUR OWN WORDS TELL THE HOF COMMITTEE WHY YOUR NOMINEE IS WORTHY OF ELECTION TO THE NHPA HORSESHOE HALL OF FAME.

NHPA MEMBER OR CLUB MAKING THIS NOMINATION:

Name _____ Date _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone # _____ E-mail address _____

Mail a hard copy of the Nomination Form to: **Stan Griggs, 5629 Sterling, Raytown, MO 64133**.
Or email to **moshoe63@gmail.com**
The form must be received by Jan 31st for the nominee to be included in the voting for that year.

Note: All nominations are reviewed by a screening committee before a candidate is placed on the ballot. If a nomination is rejected, it will be returned to the sender. No individual or club will be allowed to submit more than two nominations per year.