

# Michigan High School Softball Coaches Association Hall of Fame Recommendation Form

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Nominator's Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Your position (coach, umpire, AD) \_\_\_\_\_

Nominee's Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

School \_\_\_\_\_ Division (circle one): 1 2 3 4

Return this form by **AUGUST 1** to [dcgep55@gmail.com](mailto:dcgep55@gmail.com)

**Or mail to:** MHSSCA Hall of Fame, Attn. Donald Peters, 1511 Madsen Dr., Ortonville, MI 48462

- **All nominations will be removed after 10 years for any consideration!**
- **Inductees will be honored at the annual MHSSCA Clinic. Consideration for the MHSSCA Hall of Fame is based on, but not limited to the following criteria:**
  - 1) Years of membership and service to the MHSSCA Association
  - 2) Years of coaching experience at the high school level
  - 3) Have made significant contribution to high school softball
  - 4) Victories at the high school level
  - 5) Sportsmanship

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### PLEASE PRINT

**In the space below, explain why your nominee should be considered  
for the Michigan High School Softball Coaches Association Hall of Fame**