<u>Purpose</u> – The Jim Lewis Award is given to honor those men and women who have made an outstanding contribution and who have played an important role in the growth and development of the game of softball in the State of Nebraska.

#### **Nomination Requirements**

- An individual shall be considered for nomination of the Jim Lewis Memorial Award based on their contributions to softball in Nebraska.
- ➤ The person so nominated must have been a resident of Nebraska at the time of their contribution to the Nebraska USA Softball.
- Nominations must be received on or before September 1<sup>st</sup> to be considered.
- ➤ At least 3 reference letters providing career and background information must be received. This allows for diverse information.
- If available, copies of scrapbook and newspaper clippings are necessary and will not be returned.
- ➤ All reference letters will be presented to each nominee at the Awards Banquet.
- ➤ All nominations not accepted, may be resubmitted the following year.

#### **Awards**

- ➤ A specially designed plaque shall be presented to the recipient.
- The name of the recipient will be displayed in the Hall of Fame.

#### **Presentation**

- ➤ Will be made at the Annual Hall of Fame Awards Banquet in December.
- > Recipients must be present to receive award.

#### **General Information**

- > Please print or type all information to avoid mistakes or misinterpretation by the committee.
- > Provide as much information as possible.
- > Use additional pages as necessary.
- Return forms to either: Nebraska USA

Hall of Fame Nomination 4103 Osborne Drive East Hastings, NE 68901

Nominee's Name		
Present Address*		
City	State	Zip
Home Phone: ( )	Work Phone: (	)
Name of Spouse		
Names of Children		
*If nominee is deceased, list name and address	ss of nearest living relative.	
Nominated by		
Address		
City	State	Zip
Home Phone: ( )	Work Phone: (	)
	NCE LETTE	RS
REFERE	_,	
1. Name		
1. Name		
1. NameAddress	State	Zip
1. NameAddress	StateWork Phone: (	Zip
1. NameAddressCity	State Work Phone: (	Zip
1. Name	StateWork Phone: (	Zip
1. Name	StateWork Phone: (	Zip
1. Name	State Work Phone: ( State	Zip
1. Name	State	Zip

Contributions to Nel	braska ASA as a (n):		
<b>Player:</b>			
Umpire:			
<b>.</b>			
Coach/Manager:			
Sponsor:			
Commissioner:			
Community Involv	/ement:		

Softball Awards/Rec	ognition:		
	S		
C	/D :4:		
Community Awards	Recognition:		 
Other Important Inf	ormation:		 