

PRINT FORM

## PSSA Honorary Hall of Fame Nominee Application

Name of Nominee:			
If you are submitting a	nominee who is deceased, please p	ovide your name and contact information.	
Address of Nomine	e:		
City:	State:	Zip:	_
Home #:	Cell #	Email:	
How many years ha	s nominee participated in PSS/	λ:	
Description of person	on or organization nominated:		
Describe how this pe	rson or organization been involve	d with and/or benefited the league?	
Qualifications / Acco	omplishments:		
Nomination submitt	ed by:		