

**NHPA HALL OF FAME NOMINATION FORM**  
**(Please type or print)**

**NOMINATION INFORMATION**

Name \_\_\_\_\_ Birthdate (Date of Death, if deceased) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Number of years an NHPA member \_\_\_\_\_

**NOMINATION CATEGORY -CheckOne**

\_\_\_\_\_ **PLAYER** — A person who, with distinguished outstanding performances in State and Local Tournament play, has brought prestige to the Art of horseshoe pitching.

\_\_\_\_\_ **PROMOTER/ORGANIZER** - A person who has made significant and beneficial contributions to the NHPA in an administrative capacity; such as promoter, organizer, or NHPA officer.

\_\_\_\_\_ **PLAYER/ORGANIZER** - A Person who has excellent credentials in both of the two other categories.

**FAMILY DATA** (a brief personal history, Add a page if needed)

STATE WHY YOU FEEL THIS NOMINEE IS WORTHY TO BE INDUCTED INTO THE NHPA HALL OF FAME: (Add a page if needed)

PROVIDE A PICTURE and each Hall of Fame Inductee needs to donate an item to the Hall of Fame Museum.

**PERSON OR CLUB MAKING THIS NOMINATION:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Form must be received by December 1, for nominee to be included in this year's voting.