**FAIRFAX ADULT SOFTBALL**

Hall of Fame

Nomination Form

14701 Lee Hwy, Suite 302 | Centreville, VA 20121

Phone: 703-815-9007 | Fax: 703-815-9009

Applications are due August 31

Nominees will be notified of the results by January 31

***Nominee Information:***

Name of Nominee: Click here to enter text.

Category (select only one):  Manager  Player  Team  Umpire  Volunteer

If Nominee is a team, please enter the name of their point of contact:

Click here to enter text.

Current Address (for teams please enter the information for their point of contact):

Street Address: Click here to enter text.

City, State, Zip: Click here to enter text.

Phone: Click here to enter text. Email: Click here to enter text.

Date of Birth: Click here to enter a date.

Birth Location (if known): Click here to enter text.

***Nominee Information (continued)***

Is the nominee still active in FAS?

Yes  No

If yes, please explain (include all categories of current participation):

Click here to enter text.

For individual nominees (Managers, Players, Umpires and Volunteers), if he/she is deceased then please enter the following information:

Name of Closest Living Relative: Click here to enter text.

Relationship to Nominee: Click here to enter text.

Address: Click here to enter text.

Phone: Click here to enter text.

***Participation in FAS:***

*Please include complete background, including details concerning specific performances, years, records, etc.*

Click here to enter text.

***Honors, Achievements, Awards and Professional Affiliations:***

*Please include complete details as a result of FAS participation*

Click here to enter text.

***Other information:***

*Additional information that is not previously listed*

Click here to enter text.

***Required Attachments (these must be included or application cannot be considered):***

Small Portrait-type Photograph of Nominee (to be used by selection committee to help them identify the nominee)

3 Letters of Recommendation (the individual submitting this application may not write one of the 3 letters of recommendation; for manager, player and team nominations at least one of the letters of recommendation must be from an umpire or individuals on opposing teams)

***Optional attachments:***

Newspaper and/or Other Supportive Material (this can be used in place of 1 of the letters of recommendation)

***Individual Submitting Nomination:***

Name: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

Street Address: Click here to enter text.

City, State, Zip Code: Click here to enter text.

*I certify that the information provided on this form is true and accurate to the best of my knowledge.*

Signed: Click here to enter text.

Date: Click here to enter a date.