

**UNITED STATES SPECIALTY SPORTS ASSOCIATION
APPLICATION FOR NOMINATION TO THE VIRGINIA USSSA HALL OF FAME**

(Note: A recent photo of nominee must be attached. Preferred size 2"x2 1/2", do not exceed 3"x5" size photo.)

1. Nominees Full Name/Address _____ (Last) (First) (Middle) _____ (Street) _____ (City) (State) (Zip) Preferred Name: _____	2. Birthdate _____ Month Day Year
5. Residence Phone Number _____ ()	3. Marital Status Married <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/>
6. Number of Children _____	4. Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
8. Spouse's Name _____ _____ _____	7. Sport <input type="checkbox"/> Slow Pitch Softball <input type="checkbox"/> Baseball <input type="checkbox"/> Fast Pitch Softball
9. Name of Children _____ _____ _____	11. Categories <input type="checkbox"/> Female Player <input type="checkbox"/> Male Player <input type="checkbox"/> Manager or Coach <input type="checkbox"/> Umpire <input type="checkbox"/> Director <input type="checkbox"/> Special
10. Recommended By: _____ (Last) (First) (Middle) _____ (Street) _____ (City) (State) (Zip)	

Section 12 - PLAYER INFORMATION

- A. Are you an Active player? _____ Retired? _____ If retired, what year? _____
- B. How many years have you played softball? _____
- C. How many and what years played in Virginia USSSA? _____
- D. List names of USSSA teams and locations in which you have participated: (NOTE: Underline Virginia USSSA teams)
- _____
- _____
- _____
- E. What positions have you played? _____
- F. What is considered as your main position? _____

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G. What is your approximate USSSA lifetime batting average? _____

H. Approximately, how many total home runs have you hit in USSSA league and tournament play? _____

I. Comments as to type of hitter: _____

J. PITCHING RECORDS (If you are a pitcher, please answer):

How many no hit games have you pitched in the USSSA program? _____

How many one hit games have you pitched in the USSSA program? _____

Lifetime won and lost record in the USSSA program: WON _____ LOST _____

USSSA World Tournament WON _____ LOST _____
(include Divisional and World Series)

K. Have you ever been selected as the MVP in USSSA tournament ore league? _____
If yes, please list below the events in which you were selected as the MVP (please list the years)

L. ALL-STATE TOURNAMENT AWARD:

Have you ever been selected on a USSSA All-Tournament Team? _____

If yes, please list the years and states in which you received this honor.

M. ALL-TOURNAMENT TEAM AWARD:

Have you ever been selected on a USSSA All-Tournament Team in a National/World Tournament, or World Series? _____ If yes, please list the years and name of the tournament in which you received this honor.

N. Comment in detail about your participation in USSSA State, National, and World Tournaments (For example, tournament classifications, team championship titles and years, and any special awards received that have not been mentioned above.)

O. Describe what you consider to be your greatest softball thrill while competing in the USSSA Program.

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Section 13 - MANAGER OR COACH INFORMATION

- A. Are you a manager or coach? _____
- B. Are you: Active _____ Retired _____ If retired, what year? _____
- C. How many years have you been managing or coaching? _____
- D. How many years have you been managing or coaching in Virginia USSSA? _____
- E. Give names of teams managed or coached in USSSA? (show years) _____

- F. Give in detail your participation in USSSA State/National/World Tournaments and World Series programs
(for example, Tournament classification, Championship Titles won and any special awards received)

- G. Give your overall USSSA won and lost record as a manager?
 WON _____ LOST _____ TIED _____
- H. Give in detail your greatest thrill while managing in the USSSA Program:

Section 14 - UMPIRE INFORMATION

- A. Are you : Active _____ Retired _____ If retired, what year? _____
- B. How many years have you been umpiring? _____
- C. How many years have you umpired in Virginia USSSA? _____
- D. List other states in which you have umpired. _____

- E. Have you ever attended a USSSA National Umpires Clinic? If yes, give year and location: _____

- G. List below other informationsuch as serving as State Umpire-in-Chief, conducting Umpire Clinics, etc. List only
items that pertain to the USSSA program.

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Section 15 - DIRECTOR INFORMATION

PERSONAL USSSA HISTORY

A. Have you ever participated in the USSSA Program as a player?

Yes No Show Years _____

B. Have you ever participated in the USSSA Program as a Manager or Coach?

Yes No Show Years _____

C. Have you ever participated in the USSSA Program as an Umpire?

Yes No Show Years _____

D. I have served as USSSA Area Director in the State of Virginia from

_____ to _____
Year to Year

E. I have served as USSSA State Director in the State of Virginia from

_____ to _____
Year to Year

F. I have served as a member of the following Virginia USSSA committees:

G. List any National Committees that you have served on:

H. List any major awards that you have received relating to softball while you were serving as a USSSA Director:

I. In what ways do you consider that you have most successfully contributed to the USSSA Program?

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Section 16 - SPECIAL CATEGORY INFORMATION

A. Please classify Special Category nominee in one of the following:

- | | | |
|--|--|--|
| Softball or Bat Manufacturer <input type="checkbox"/> | | City Government <input type="checkbox"/> |
| General Sporting Goods Manufacturer <input type="checkbox"/> | | Other <input type="checkbox"/> Please explain: |
| Other Business <input type="checkbox"/> | | _____ |
| Sports Writer <input type="checkbox"/> | | _____ |

B. Explain, in detail, ways the Special Category nominee has supported or contributed to the successful operations of the USSSA Program:

Section 17 - TO BE COMPLETED BY ALL NOMINEES

A. Give the most exciting or amusing event in your career while participating in the USSSA Program:

B. In a brief statement, give our opinion of the game of softball, the USSSA Program, and any suggestions for its betterment:

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C. OTHER ADDITIONAL REMARKS - USE EXTRA BLANK SHEETS IF NEEDED. FEEL FREE TO SUBMIT NEWSPAPER ARTICLES, LETTERS OF RECOMMENDATION, SCRAPBOOK, ETC.

Section 18 - TO BE SIGNED BY NOMINEES AND PERSON MAKING THE RECOMMENDATION

I hereby pledge that all the information in this form is true and factual to the best of my knowledge.

Signed: _____
Recommended By

Date

Signed: _____
Nominee

Date