

**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.)

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

**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 USSSA? \_\_\_\_\_
- D. List names of USSSA teams and locations in which you have participated: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- E. What positions have you played? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- F. What is considered as your main position? \_\_\_\_\_
- G. What is your approximate USSSA lifetime batting average? \_\_\_\_\_



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**Section 13 - MANAGER OR COACH INFORMATION**

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- 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 USSSA? \_\_\_\_\_
- E. Give names of teams managed or coached in USSSA? (show years) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- F. Give in detail your participation in USSSA State/Divisional/Regional/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:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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**Section 14 - UMPIRE INFORMATION**

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- 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 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**

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**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**

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

Softball or Bat Manufacturer

City Government

General Sporting Goods Manufacturer

Other

Please explain:

Other Business

Sports Writer

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

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**Section 17 - TO BE COMPLETED BY ALL NOMINEES**

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

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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.

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

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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