

Michigan High School Softball Coaches Association Hall of Fame Recommendation Form

Nominator's Name _____ Date _____

Home Address _____ City _____ Zip _____

Phone # _____

Your position (coach, umpire, AD) _____

Nominee's Name _____

Home Address _____ City _____ Zip _____

Phone # _____

School _____ Division (circle one): 1 2 3 4

Return this form by **AUGUST 1** to DLaffey@reginahs.com

Or mail to: MHSSCA Hall of Fame, Attn. Diane Laffey, 39796 Whitewater Drive, Harrison Twp., MI 48045

- **All nominations will be removed after 10 years for any consideration!**
- **Inductees will be honored at the annual MHSSCA Clinic. Consideration for the MHSSCA Hall of Fame is based on, but not limited to the following criteria:**
 - 1) Years of membership and service to the MHSSCA Association
 - 2) Years of coaching experience at the high school level
 - 3) Have made significant contribution to high school softball
 - 4) Victories at the high school level
 - 5) Sportsmanship

PLEASE PRINT

**In the space below, explain why your nominee should be considered
for the Michigan High School Softball Coaches Association Hall of Fame**