MAINE AMATEUR SOFTBALL ASSOCIATION

HALL OF FAME

NOMINATION FORM

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Candidate Name:						
Address:		City:	Sta	te:	Zip:	
Phone (Home):		(Cell):	E ı	E mail		
Submitted by:E mail				Cell:		
Check The Appropria	ate Nomination	Category:				
Administrator:	Player:	Sponsor:	Manager:	Umpir	e:	
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CANDIDATE INFORM	1ATION					
the level achieved, softball accomplished that the candidate h NAME AND CONTAC SUPPORT FOR THE C	nents. Any add as achieved ma T INFORMATIO	itional information in add	regarding other holition to scrapboo	onors or acks and nev	ccomplishments vspaper articles.	
Name		Address	Address		Phone/E mail	
A						
В						
c						
Mail to:						
Bill Cary, Commissio	ner Emeritus					
82 Hamilton Street						
South Portland ME 0						
Email: wcary1@maii	ne.rr.com					