

S.P.A. SENIOR SOFTBALL HALL OF FAME

P.O. Box 1307 Mustang, OK. 73064 (405) 376-7034 office (405) 376-7035 fax



NOMINATION FORM for DIRECTORS

Nomination Year:		
Candidate Name		
Last	First	Middle Initial
Address		
City	State	Zip Code
Phone - Residence ()	Business	()
Date of BirthPl	lace of Birth	State
Employer (Former if Retired)	·	
High School	City	State
College	City	State
Number of years participating in	S.P.A. Senior Softball _	
If still playing, list team (s)		
Attach a brief summary of candid more).	dates S.P.A. Senior Softl	ball Career (150 words or



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Year Association Tour	rnament Location Con		
		eld	
			- - -
Candidates are required to Softball Director Career will Recommendation Letters or Career Statistics	hich should include the fo	•	_
Nomination Submitted by:			
	1 004	First Business	
	nal information, including the	e nomination book will need to be	mailed to the
Email: spaoffice@softballspa	a.com		
If you have additional question Nomination Deadline Januar		mation please call the SPA Nation	nal Headquarters