



Illinois USSSA Hall of Fame Personal Information Form

The Illinois Hall of Fame Selection Committee consists of Directors from all parts of Illinois. The Committee members may or may not know what you have accomplished in your USSSA softball career. Therefore, please fill out all the information below and return to the Illinois USSSA State Office by October 1st so the Hall of Fame Committee can properly review every candidate. Announcement of future inductees is announced at the Hall of Fame banquet.

MANAGER/COACH CATEGORY

Participation in USSSA team classification:

A _____ B _____ C _____
D _____ E _____

(Number of years in each classification and include team name(s))

1. **Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Business Phone:** _____

Cell Phone: _____ **Fax:** _____

Email Address: _____

2. **Date of Birth:** Month _____ Day _____ Year _____

Manager/Coach Information

Please include USSSA information only.

A. **Do you still manage/coach a team:** Active _____ Retired _____ If retired, what year? _____

B. **How many years did you manage/coach USSSA softball?** _____

What years and what team classifications? _____

_____ Win _____ Loss _____

What USSSA leagues did your team participate? Team name _____

from _____ in _____

Total Tournament wins _____ **Loss** _____ **from** _____.

All-State Manager/Coach? Team _____

Class _____ Year _____ Win _____ Loss _____

All-Tournament NIT Manager/Coach? Team _____

Class _____ Year _____ Win _____ Loss _____

All-Tournament Divisional/National Manager/Coach: Team _____

Class _____ Year _____ Win _____ Loss _____

All-World Manager/Coach: Team _____

Class _____ Year _____ Win _____ Loss _____

How did you get involved Managing/Coaching a team? _____

Why did you choose USSSA? _____

List all the teams you managed/coached and their placements in USSSA State, NIT,
Divisional/National & Worlds.

State Tournaments

| Year | Team Name | Award | Class |
|-------|-----------|----------------|-------|
| _____ | _____ | _____ TO _____ | _____ |
| _____ | _____ | _____ TO _____ | _____ |
| _____ | _____ | _____ TO _____ | _____ |
| _____ | _____ | _____ TO _____ | _____ |
| _____ | _____ | _____ TO _____ | _____ |
| _____ | _____ | _____ TO _____ | _____ |
| _____ | _____ | _____ TO _____ | _____ |
| _____ | _____ | _____ TO _____ | _____ |

NIT Tournaments

| Year | Team Name | Award | Class |
|-------|-----------|----------------|-------|
| _____ | _____ | _____ TO _____ | _____ |
| _____ | _____ | _____ TO _____ | _____ |
| _____ | _____ | _____ TO _____ | _____ |
| _____ | _____ | _____ TO _____ | _____ |
| _____ | _____ | _____ TO _____ | _____ |
| _____ | _____ | _____ TO _____ | _____ |
| _____ | _____ | _____ TO _____ | _____ |
| _____ | _____ | _____ TO _____ | _____ |

Divisional/National Tournaments

| Year | Team Name | Award | Class |
|-------|-----------|----------|-------|
| _____ | _____ | TO _____ | _____ |
| _____ | _____ | TO _____ | _____ |
| _____ | _____ | TO _____ | _____ |
| _____ | _____ | TO _____ | _____ |
| _____ | _____ | TO _____ | _____ |
| _____ | _____ | TO _____ | _____ |
| _____ | _____ | TO _____ | _____ |
| _____ | _____ | TO _____ | _____ |

World Tournaments

| Year | Team Name | Award | Class |
|-------|-----------|----------|-------|
| _____ | _____ | TO _____ | _____ |
| _____ | _____ | TO _____ | _____ |
| _____ | _____ | TO _____ | _____ |
| _____ | _____ | TO _____ | _____ |
| _____ | _____ | TO _____ | _____ |
| _____ | _____ | TO _____ | _____ |
| _____ | _____ | TO _____ | _____ |
| _____ | _____ | TO _____ | _____ |

3. What was your most exciting or amusing event in Managing/Coaching Illinois USSSA?

4. Additional Remarks – Use extra blank sheets if needed. Feel free to submit newspaper articles, letters of recommendation, scrapbook, etc.

5. In a brief statement, give your opinion of the game of softball, the Illinois USSSA Organization and any suggestions for its betterment.

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

Signed: _____
(Nominator) (Date)

Signed: _____
(Nominee) (Date)

Note: This form must be returned to Brenda Paulson by October 1st.

Date sent to State Office: _____

For more information go to <https://www.ilusssahalloffame.com/banquet> for updates on the annual banquet and present Hall of Fame Inductees, Hall of Honor members, nomination forms and more IL USSSA info.

Please return form to Brenda Paulson at 6420 Porter Rd, Rockford, IL 61101 or email to ilusssa@t6b.com Please send non-returnable photo or email photo in PDF.