

Illinois USSSA Hall of Fame Personal Information Form

The Illinois USSSA Hall of Fame Selection Committee consists of Directors from all parts of Illinois. Not all 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 USSSA State Office by October 1 so the Hall of Fame Committee can properly review every candidate. Announcement of future inductees is announced at the annual Hall of Fame banquet.

Director, Associate, Pioneer or Special Category

Please check appropriate	category			
Director Category	1		Pioneer Category	
Associate Catego	ry		Special Category	
Name of Nominee or Or	ganization			
If Organization, contact	person and title:			
Address:				
			Zip Code:	
Cell:	Res:		Bus:	
Email:				
Note: Please update any cha	nge of phone #'s or em	ail address so	we may keep in touch.	
Are you still Active?	Retired?	If r	etired what year:	
How did you initially bed Coach, etc.)	come involved with	the IL USSS/	A program? (i.e. as a player, um	ipire,

How many years have you been with the USSSA? How many years in the nominated category?
At which levels was your involvement & number of years; Adult SP Adult FP Youth FP Youth SP Leagues Class A B C D E Recreational
What would be your primary level and number of years?
If applicable, how many Illinois State Tournaments have you been involved and what capacity? Name tournaments and years.
How many USSSA Divisional/National/NIT's, World or World Series Events have you been involved? List classification of tournament and location and year of each event and type of event.
List any other information such as serving in the capacity of the category nominated.
Have you won any awards or received any recognition from USSSA?
What do you think you have contributed to the IL USSSA in your years of service?
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Most exciting or amusing event in your Illinois USSSA career.

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:Date:
Person nominating candidate:

Please submit a photo with this information

Return this form to Brenda Paulson by October 1. Email to ilusssa@t6bcom or mail to Brenda Paulson, 6420 Porter Rd, Rockford, IL 61101. 815-964-3538

For more information go to https://www.ilusssahalloffame.com/banquet for updates on the banquet and past and present Hall of Fame Inductees.