



# Texas Senior Softball Nomination Form

Submit to TSSHOF Chapter Director/Committee Members)

Date of Nomination Submittal: \_\_\_\_\_

Nominee's Name(Fir, Mid, Las)\_\_\_\_\_

Nominee's Address:\_\_\_\_\_

Person Nominating:\_\_\_\_\_

Person Nominating Address:\_\_\_\_\_

Have you reviewed the Process Information and Eligibility Requirements provided on the TSSHOF.org Website?

Initial \_\_\_\_\_

Do you feel that this candidate would meet these requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, are there extenuating circumstances why you feel this candidate may not meet eligibility requirements but should still be considered as a candidate for the TSSHOF? If yes, please include in space below.

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A(if self) \_\_\_\_\_

Has the nominee been contacted or are they aware that they are being nominated?

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A(if self) \_\_\_\_\_

Nominee's for the TSSHOF will also be vetted regarding personal behavior or character. Are you aware of any incidents regarding this nominee which may surface during the nomination or selection process?

Comment in space below as applicable. Yes \_\_\_\_\_ No \_\_\_\_\_

Please present a narrative or summary explanation of why you are nominating this candidate for the TSSHOF. Please use the back of this form for additional space.

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Received by \_\_\_\_\_ Date Received \_\_\_\_\_