

**HALL OF FAME
NOMINATION FORM**

KANSAS ASA, INC.

24496 Rd. E3

Edmond KS 67645

Bus: (785) 622-4241 Fax: (785) 622-4245

Name:..... _____

Address:..... _____

City/State/Zip:.. _____

Phone Numbers: Bus: _____ Res: _____

Occupation:..... _____

Spouse and/or Family Members:.. _____

Category Applied For

(check one)

Player- Umpire- Manager/Coach- Sponsor- Commissioner- Meritorious Service-

Complete the Applicable Information

Year's Played Kansas ASA Fast Pitch:..... _____ to _____

Year's Played Kansas ASA Slow Pitch:..... _____ to _____

Year's as a Kansas ASA Commissioner:..... _____ to _____

Year's Umpired for Kansas ASA:..... _____ to _____

Year's Managed or Coached Kansas ASA Team(s):. _____ to _____

Year's as a Kansas ASA Sponsor (Team & ect.):.... _____ to _____

List or attach all state, regional, and national tournaments participated in and position played if a player.

List year and tournament when selected to all-star teams, most valuable player, and etc.

List or attach other significant highlights, photos, news clippings, and ect.

Application Deadline: October 1

Mail to: Kansas ASA, Inc

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