

Nomination Form For Missouri American Legion Baseball Hall of Fame

Nominee:

Name	
Address	
Phone Number	
Email	
Date of Birth	Place of Birth
Date of Death (if applicable)	
High School Attended	Dates:
College Attended	Dates:
Legion Team Played/Coached	Dates:

Please Circle the one category for which you are nominating the candidate:

Athlete

Coach/Manager

Contributor

If this nomination is for Contributor category, please choose one of the following:

Officiating

Administrations

Other

Nominated by:

Printed Name	
Signature	
Date	
Address	
Phone Number	