

MHPA HALL OF FAME NOMINATION FORM
(Please type or print)

NOMINEE INFORMATION

Name: _____ Birthdate: _____

Mailing Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Number of years as MHPA member: _____ (At least 10 adult years required)

NOMINATION CATEGORY- Check One

_____ PLAYER- A person who, with distinguished outstanding state/world tournament performance on the court, has brought prestige to the art of horseshoe pitching.

_____ ORGANIZER- A person who has made significant and beneficial contributions to the entire MHPA membership in an administrative capacity; such as promoter, organizer, or MHPA officer.

_____ PLAYER/ORGANIZER- A person who has excellent credentials in both of the other two categories.

FAMILY DATA

(A brief history including names of parents, spouse, children and grandchildren, etc. Can include city, state or country where born and locations where the nominee has lived)

LIST THE ACHIEVEMENTS OF THE NOMINEE WHICH YOU FEEL SUPPORT THE MERIT OF THE NOMINATION. (You may also attach additional documents that verify your information, or if you need more space)

STATE WHY YOU FEEL THIS NOMINEE IS WORTHY TO BE INDUCTED INTO THE MHPA HALL OF FAME:

PERSON OR CLUB MAKING THE NOMINATION:

Name: _____ Date: _____

Mailing Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Send Nomination Form to: Dan Markley, 12400 N. Saginaw Road, Lot 15, Clio, MI 48420. Email Address: dcdam1278@aol.com Phone Number: (810)-459-1772
Form must be received by June 15th for the nominee to be included in the voting for that year.