

Manitoba Baseball Hall of Fame

Special Category Nomination Form

Name of nominee: _____

Classification: Single Year Team Group of Individuals Individual (circle one)

Nomination: (add additional page is desired)

Description of Group or Name of Individual:

Achievements :

Group Contact Person:

Name: _____
Phone: _____
Email: _____
Postal Address: _____

Date: _____ Submitted by: _____ Phone: _____

If you have any further questions, please call the MBBHOF at 1 (204)822-4636