



West Central Baseball Hall of Fame Entry Form

The West Central Baseball Hall of Fame is looking for potential candidates for the 2020 ballot. The candidates must fall into one of the following categories.

Three Categories

Professional: A professional player, coach, or manager who was successful in the high levels of professional baseball and resided in West Central Minnesota.

Amateur: An amateur player, coach, or manager who was a successful as a player in youth, high school, and/or adult amateur baseball in West Central Minnesota.

Community Involvement: A longtime resident of West Central Minnesota who has achieved great success as a supporter of baseball and has made significant contributions to West Central Baseball.

***West Central Minnesota includes a 45 mile radius of Willmar, MN.**

Deadline for application is October 25, 2019. All potential candidate nominations need to fill out the nomination form below. Please email any nominations to director@kandiyohicountyhistory.com or contact Jill at the Kandiyohi County Historical Society at (320) 235-1881. Nominee information can be mailed to:

Jill Wohnoutka
Kandiyohi County Historical Society
610 NE Hwy 71
Willmar, MN 56201
kandhist@msn.com

Nomination Form:

Only one person can be nominated on this form.

Nominee Name: _____

Date of Nomination: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Email: _____

Check the category:

Professional Amateur Community

West Central Minnesota Residence

Town: _____ Length of Time: _____

Baseball Career:

High School: _____ Years played: _____

College: _____ Years played: _____

Town/Legion: _____ Years played: _____

Minor League: _____ Years played: _____

Major League: _____ Years played: _____

Other: _____ Years played: _____

Please limit the application to three pages. Please include a photo of the nominee. This will be used in announcements both in print and online if the nominee receives this award. The photo must be provided as a high resolution .jpeg file Feel free to include newspaper articles and/or other materials with the Nomination Form. These additional materials will not be returned unless a request is made at the time of nomination.

Nominating Persons:

Name: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____ Email: _____