



# West Central Baseball Hall of Fame Entry Form

The West Central Baseball Hall of Fame is looking for potential candidates for the 2017 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 14, 2016.** All potential candidate nominations need to fill out the nomination form below. Please email any nominations to [kandhist@msn.com](mailto:kandhist@msn.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

## 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. Feel free to include newspaper articles, photos 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: \_\_\_\_\_