

Date Received _____

Brenda Paulson
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Illinois USSSA Hall of Fame Personal Information Form

The Illinois Hall of Fame Selection Committee consists of Directors from all parts of Illinois. The Committee members may or may not know what you have accomplished in your USSSA softball career. Therefore, please fill out all the information below and return to the USSSA State Office by October 1st so the Hall of Fame Committee can properly review every candidate. Announcement of future inductees is announced at the Hall of Fame banquet.

Player Category

Participation in team classification:

A _____ B _____ C _____ D _____ E _____

Number of years in each classification and include team name(s)

1. Name _____
(Last) (Middle) (First)

Address _____

City _____ State _____ Zip _____

Res. _____ Bus. _____

Cell _____ Fax _____

Email _____

2. Date of Birth: Month _____ Day _____ Year _____ Nickname _____

Please include USSSA info only, please.

Player Information

A. Are you still: Active _____ Retired _____? If retired (what year?) _____

B. How many years and what years did you play USSSA softball? _____

C. What position(s) did you play? _____

If a pitcher, list your lifetime win and loss record in the USSSA program. _____

D. What is considered your main position? _____

E. What is your USSSA lifetime batting average? _____

F. How many home runs have you hit in USSSA leagues or tournament play? _____

All-Tournament Team Awards

State Tournaments

Year	Team Name	Award	Class

N.I.T.'s Tournaments

Year	Team Name	Award	Class

Divisional/National Tournaments

Year	Team Name	Award	Class

World Tournaments

Year	Team Name	Award	Class

3. Give your most exciting or amusing event in your Illinois USSSA softball career.

4. Additional Remarks – Use extra blank sheets if needed. Feel free to submit newspaper articles, letters of recommendation, scrapbook, etc.

5. In a brief statement, give your opinion of the game of softball, the Illinois USSSA Organization, and any suggestions for its betterment.

I hereby pledge that all the information submitted in this form is true and factual to the best of my knowledge.

Signed: _____
(Recommended by) (Date)

Signed: _____
(Nominee) (Date)

****Please submit a photo with this information.****

Note: This form must be returned to Brenda Paulson by October 1st.

Date sent to State Office: _____

For more info on the Illinois USSSA Hall of Fame, go to www.ilusssa.com for updates on the banquet and past and present Illinois Hall of Fame inductees. Future updates will be posted on this web site.