



NEW YORK STATE  
HORSESHOE PITCHING HALL OF FAME RECOMMENDATIONS

NAME OF PROPOSED CANDIDATE \_\_\_\_\_  
ADDRESS OF CANDIDATE OR  
REPRESENTATIVE \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY OR  
TOWN \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_  
BORN \_\_\_\_\_ DIED \_\_\_\_\_ AGE \_\_\_\_\_  
MARITAL STATUS \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_  
CHILDREN: \_\_\_\_\_ AGE \_\_\_\_\_  
NAME: \_\_\_\_\_ AGE \_\_\_\_\_  
NAME: \_\_\_\_\_ AGE \_\_\_\_\_  
NAME: \_\_\_\_\_ AGE \_\_\_\_\_  
NAME, ADDRESS, TELEPHONE OF CLOSEST RELATIVE:  
\_\_\_\_\_

**Requirements:**

1. Print or type on separate sheet called write-up sheet. 2. Indicate in upper right corner of write-up sheet whether candidate belongs in Promoter OR Pitcher category. 3. Write-up sheet to include the personal interests and accomplishments of the applicant. 4. Applicant must have been a member of NYSHPA for at least FIVE consecutive years. 5. Three (3) additional signatures must be submitted when making request. These people must have been or do belong to the New York State Horseshoe Pitchers Association.

SIGNATURE VERIFICATION: 1. \_\_\_\_\_ PRINT NAME \_\_\_\_\_

SIGNATURE VERIFICATION: 2. \_\_\_\_\_ PRINT NAME \_\_\_\_\_

SIGNATURE VERIFICATION: 3. \_\_\_\_\_ PRINT NAME \_\_\_\_\_

PROPOSED BY \_\_\_\_\_ PRINT NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

Forward this form by December 31st to:  
Jack Stenberg (Chairman of the Hall of Fame)  
1880 River Rd.  
Waterloo, NY 13165