

## NHPA HALL OF FAME NOMINATION FORM

(Please type or print)

### NOMINEE INFORMATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

(If deceased fill in date of death \_\_\_\_\_. You may omit phone and address and fill in only the state where the nominee resided while living.)

Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Number of Years an NHPA member \_\_\_\_\_ (At least 10 adult years required)

**Enclose a photo of the nominee if one is available. It need not be a professional photo.**

### NOMINATION CATEGORY - Check One

\_\_\_\_\_ PLAYER - (a) A player who has won a World Championship at least 2 times, or  
(b) a player who has averaged at least 75% and/or finished in the top 5 of one or more W.T. Championship Division finals at least 4 times, or  
(c) a player who has pitched in at least 8 World Championship Division finals of any combination of divisions and averaged at least 70% for those events.

\_\_\_\_\_ PROMOTER/ORGANIZER - A person who has administered, promoted and/or organized horseshoe pitching activities for at least 8 years for the benefit of NHPA members at the national or regional level.

\_\_\_\_\_ HISTORIC ERA PLAYER - A person with similar qualifications as in the Player category and who last pitched in a W.T. Championship Division finals at least 35 years prior to the year of nomination.

FAMILY DATA (A brief personal history including names of parents, spouse, children and grandchildren, etc. Can include city, state or country where born and locations where the nominee has lived)

LIST THE ACHIEVEMENTS OF THE NOMINEE WHICH YOU FEEL SUPPORT THE MERIT OF THE NOMINATION. (If a player, you must include the tournament name, date, class, place of finish, W/L record and ringer % for each event. If a Promoter/Organizer you must list the accomplishments of the individual. Be sure to list any NHPA offices or regional offices that they have held, or any NHPA Achievement awards that may have been earned. If not enough space is available, please include another sheet of paper or write on the reverse side of this form. You may also send additional documentation you feel would be of interest to the HOF committee)

IN YOUR OWN WORDS TELL THE HOF COMMITTEE WHY YOUR NOMINEE IS WORTHY OF ELECTION TO THE NHPA HORSESHOE HALL OF FAME.

NHPA MEMBER OR CLUB MAKING THIS NOMINATION:

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Send Nomination Form To: Vicki Winston, 10326 Hwy D, LaMonte, MO 65337  
Form must be received by Jan 31st for the nominee to be included in the voting for that year.

**Note: All nominations are reviewed by a screening committee before a candidate is placed on the ballot. If a nomination is rejected, it will be returned to the sender. No individual or club will be allowed to submit more than two nominations per year.**