

MANITOBA BASEBALL HALL OF FAME SPECIAL CATEGORY NOMINATION FORM

Nominee: _____

Classification: Single Year Team Group of Individuals Individual

Nomination: (add additional page if desired)

Description of Group or Name of Individual:

Achievements:

Group Contact Person: Name _____
Phone _____
Email _____
Postal Address _____

Date: _____ Submitted by _____ Phone _____

Last updated November 01 2014

If you have any questions please contact the MBHOF office @ 204 8224636