

MANITOBA BASEBALL HALL OF FAME TEAM NOMINATION FORM

Nominee: _____

Classification: Major Team Small Community Team

Nomination: (add additional page if desired)

Description of Team: (Include years to be considered – see criteria)

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