

ISHPA HALL OF FAME NOMINATION FORM

NOMINEE INFORMATION

First Name _____ Last Name _____ Birth Date: ____/____/19____

Street Address _____ City _____ Zip Code _____

Number of Years an ISHPA/NHPA Member: _____ (minimum of 10 years required)

Please list Horseshoe Club Memberships, past and present:

NOMINATION CATEGORY – Check the ONE Category to which you are nominating this person:

____ PLAYER – Anyone who has won multiple State Championship titles while pitching in the Men's, Women's, or Elder's Championship (A class) division while displaying good sportsmanship and bringing prestige to the sport.

____ PLAYER/ORGANIZER – Anyone who has won a minimum of one State Championship title while pitching in the Men's, Women's, or Elder's Championship (A class) division and has become a worthy and respected Tournament Director, Promoter, Organizer, or Officer at the state level.

____ PROMOTER/ORGANIZER – Anyone who through his or her devotion to the sport has made a significant contribution through time and effort to the advancement of the sport of Horseshoe Pitching in an administrative capacity such as Promoter or Organizer of events or as an Officer at the state level.

HORSESHOE HISTORY OF THE NOMINEE:

On separate pages, include the horseshoe pitching history of this person, from the beginning until now, with as many details as possible. To include a complete and accurate history, it may be necessary to contact family, friends, or even the person you are nominating! Tournament statistics are on the ISHPA web site. Note: If this person is being nominated as a PLAYER, or PLAYER/ORGANIZER, you must also include their accomplishments on the court at the local, state, and/or national levels. If possible, include tournament names and dates of 1st or 2nd place finishes, ringer percentages, etc.

SUBMIT NOMINATION FORM:

This completed form and accompanying pages of documentation must be received by the Hall of Fame Chairman* no later than February 1st of the year of nomination. Please include below your name, mailing address, phone number, and email address in case the HOF Committee has any questions.

Your Name _____ Phone Number _____

Street Address _____ City _____ Zip Code _____

Email address _____

*Send completed nomination form to:

David Spears
1917 S Colorado Ave.
Boise, ID 83706