

GHPA HALL OF FAME NOMINATION FORM

(Please type print)

NOMINEE INFORMATION

Name _____ Birth Date _____

(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 GHPA member _____ (At least 7 adult years required)

NOMINATION CATEGORY – Check One

_____ **PLAYER** – A person who, with distinguished outstanding performances in State Tournament Championship play, has brought prestige to the art of horseshoe pitching.

_____ **PROMOTER/ORGANIZER** – A person who has made significant and beneficial contributions to the GHPA in an administrative capacity; such as promoter, organizer or GHPA officer.

_____ **PLAYER/ORGANIZER** – A person who has excellent credentials in both of the two other categories.

LIST THE ACHIEVEMENTS OF THE NOMINEE WHICH YOU FEEL SUPPORT THE MERIT OF THE NOMINATION. (You may also attach additional documents that verify your information, or write on the back of this sheet if you need more space)

STATE WHY YOU FEEL THIS NOMINEE IS WORTHY TO BE INDUCTED INTO THE GHPA HALL OF FAME:

GHPA MEMBER OR CLUB MAKING THIS NOMINATION:

Name _____ Date _____
Mailing Address _____
City _____ State _____ Zip Code _____
Phone # _____ E-Mail address _____

Send Nomination Form To: Buddy Ayer (Chairman) P. O. Box 631 Perry, GA, 31069
Form must be received by July 1st for the nominee to be included in the voting for that year

“GHPA”

HALL OF FAME

- ① **Nominated to specific/category-**
- ② **Name will remain on list for three/
years (the name will be removed)**
- ③ **Seventy per/cent (70%) of
possible/ vote to be inducted into the
(Hall of Fame)**
- ④ **Minimum of seven years as
member of “GHPA” with Good/
Standing to qualify to be Nominated
to “Hall of Fame”**