

BASEBALL HALL OF FAME NOMINATION



AREA: _____

Name: _____

Address: _____

Phone: _____

If this is a posthumous nomination, list next of kin to be notified:

Name: _____

Address: _____

Phone: _____

The above individual is approved by Post # _____, (city) _____

as qualified for nomination for the Department of North Carolina Baseball Hall of Fame.

Date: _____

Name of Athletic Officer: _____

Signature: _____

Name of Post Commander: _____

Signature: _____

Please attach narrative to this form.

All nominations must be received at Department Headquarters no later than two (2) weeks prior to the Fall Conference. Send to:

American Legion Department of NC
PO Box 26657
Raleigh, NC 27611