

# OHPA HALL OF FAME NOMINATION FORM

## NOMINEE INFORMATION:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/19\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Years as an OHPA/NHPA Member: \_\_\_\_\_ (minimum of 10 years required)

Please list Horseshoe Club Memberships, past and present:

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## NOMINATION CATEGORY – Check the ONE Category this person is being nominated in:

\_\_\_\_\_ **PLAYER** – Anyone who has brought prestige to the sport of horseshoe pitching through outstanding performance on the courts.

\_\_\_\_\_ **PLAYER/ORGANIZER** – Anyone who has performed well on the courts and has also become a worthy tournament director, promoter, organizer, or officer at the local, state, or national 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 a promoter or organizer of events, or as an officer at the local state, or national level.

## HORSESHOE HISTORY OF THE NOMINEE:

On separate pages, include the horseshoe pitching history of this person, from the beginning until now. To include a complete and accurate history, it may become necessary to contact family, friends, or even the person you are nominating! Note: If this person is being nominated as a **PLAYER**, or **PLAYER/ORGANIZER** you must also include their accomplishments on the courts at the local, state, and/or national levels. If possible, include tournament names/dates of 1<sup>st</sup> or 2<sup>nd</sup> place finishes (check trophies), etc.

## SUBMIT NOMINATION FORM:

Your nomination must be received by the Hall of Fame Chairman\* no later than **June 1<sup>st</sup>** to be considered for that nomination year. Mail this form and the additional information to the address below or you can email it to [ohpasecretary@gmail.com](mailto:ohpasecretary@gmail.com).

Please provide your information below in case the HOF Committee needs further information.

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

**\*Send completed nomination form to: OHPA  
PO Box 475  
Hilliard, Ohio 43026**