DBB, INC. HALL OF FAME

NOMINATION FORM



ADDRESS:	CITY:		ZIP:
PHONE:	EMAIL:		
LIVING (OR)	DECEASED	DATE:	
NEXT OF KIN NAME:			
ADDRESS:	CITY:		ZIP:
PHONE:	EMAIL:		

CATEGORY: (Please check all that apply) (Past or Present)

Board Member: National	State	District/	Region
Local League Participant: Coac	h/Manager	Umpire	Athlete
Tournament Participant: Coach/Manager		_ Umpire	Athlete
Outstanding Local League: Franchised League		Local League Official	
Outstanding Tournament Host	•		
World Series	State	District/Re	gion
Meritorious service to Boys/M	ajors Program:		

NOMINATED BY:

ADDRESS:	CITY:	ZIP:
PHONE:	EMAIL:	
SIGN:		DATE:

Please summarize (on the back of this form) the outstanding accomplishments that are directly related to the selected category. In fairness to all nominees, please limit the information to one page only and to further assist the committee all submitted information should be completed in paragraph form or listed as bullet points. By submitting this nomination, you acknowledge that the nominee has made a significant and outstanding contribution to the DBB organization. Furthermore; it is established that the consideration of the nominee by the Hall of Fame Committee will serve to promote the values and mission of DDB, Inc.