

**SPACE BELOW TO BE USED ONLY BY THE GEORGIA USSSA**

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Application for nomination received by Georgia USSSA on: \_\_\_\_\_

**ORALIFICATION CHECK LIST**

- Nominees Name & Address Verification
- Proper Recommendation Verification
- Age Requirement Verification
- Length of Service Verification
- Correct Category Verification
- Has enough Information been Submitted
- Do Proper Signatures Appear in Section 18
- Is Photo of Nominee Attached


**ACTION RECOMMENDED BY GEORGIA USSSA HALL OF FAME COMMITTEE**

To be placed in nomination at State Meeting \_\_\_\_\_  
Year

Not eligible to be placed in nomination due to the following reasons:

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**BALLOT HISTORY**

Year Placed on Ballot

Votes Received

Elected (YES or NO)

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

GEORGIA HALL OF FAME CHAIRMAN

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

GEORGIA USSSA STATE DIRECTOR