

Date Received _____

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Illinois USSSA Hall of Fame Personal Information Form

The Illinois Hall of Fame Selection Committee consists of Directors from all parts of Illinois. The Committee members may or may not know what you have accomplished in your USSSA softball career. Therefore, please fill out all the information below and return to the USSSA State Office by October 1st so the Hall of Fame Committee can properly review every candidate. Announcement of future inductees is announced at the Hall of Fame banquet.

Sponsor Category

Participation in team classification:

A _____ B _____ C _____ D _____ E _____

Number of years in each classification and include team name(s)

1. Name _____
(Last) (Middle) (First)

Address _____

City _____ State _____ Zip _____

Res. _____ Bus. _____

Cell _____ Fax _____

Email _____

2. Date of Birth: Month _____ Day _____ Year _____ Nickname _____

3. How many years have you sponsored a USSSA team, under what name, and in what classification?

4. How many years have you played in a USSSA sanctioned league? _____

5. List the number of State, National, N.I.T. and World Tournaments your sponsored teams have played in. Please include team classification.

CHAMPIONSHIPS WON

Please include USSSA info only, please.

State Tournaments

Year	Team Name	Award	Class
_____	_____	_____	_____
_____	_____	_____	_____

