

AHPA HALL OF FAME NOMINATION FORM  
(Please type or print)

NOMINEE INFORMATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

If deceased fill in date of death \_\_\_\_\_. You may omit phone and address and fill in only the state where the nominee resided while living.)

Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Number of Years an AHPA member \_\_\_\_\_ (At least 10 adult years required)

**Enclose a photo of the nominee if one is available. it need not be a professional photo.**

NOMINATION CATEGORY - Check One

\_\_\_\_ PLAYER - (a) A player who has won at least 3 State Championships  
(b) a player who has averaged at least 75% and/or finished in the top 5 of one or more State Championship Division finals at least 4 times, or  
(c) a player who has pitched in a World Championship Division finals of any combination of divisions and averaged at least 70% for those events.

\_\_\_\_ PROMOTER/ORGANIZER - A person who has administered, promoted and/or organized horseshoe pitching activities for at least 8 years for the benefit of AHPA members at the state or regional level.

FAMILY DATA (A brief personal history including names of parents, spouse, children and grandchildren, etc. Can include city, state or country where born and locations where the nominee has lived)

LIST THE ACHIEVEMENTS OF THE NOMINEE WHICH YOU FEEL SUPPORT THE MERIT OF THE NOMINATION. (If a player, you must include the tournament name, date, class, place of finish, W/L record and ringer % for each event. If a Promoter/Organizer you must list the accomplishments of the individual. Be sure to list any AHPA offices or regional offices that they have held, or any AHPA Achievement awards that may have been earned. If not enough space is available, please include another sheet of paper or write on the reverse side of this form You may also send additional documentation you feel would be of interest to the HOF committee)

IN YOUR OWN WORDS TELL THE HOF COMMITTEE WHY YOUR NOMINEE IS WORTHY OF ELECTION TO THE AHPA HORSESHOE HALL OF FAME.

AHPA MEMBER OR CLUB MAKING THIS NOMINATION:

Name \_\_\_\_\_ Date \_\_\_\_\_ -  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone# \_\_\_\_\_ E-mail address \_\_\_\_\_

Send or e-mail Nomination Form To: Barry Goree, 2816 Wayne Dr SE, Decatur, AL 35603, rgoree2816@gmail.com

Form must be received by Jun 1st for the nominee to be included in the voting for that year.

**Note: All nominations are reviewed by the HOF committee. If a nomination is rejected, it will be returned to the sender. No individual or club will be allowed to submit more than two nominations per year.**