

STEEL CITY SOFTBALL LEAGUE HALL OF FAME APPLICATION

NAME OF NOMINEE: _____

IF LIVING:

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE: _____ EMAIL: _____

TEAM ASSOCIATION(S): _____

LEAGUE ACCOMPLISHMENTS: _____

OTHER ACCOMPLISHMENTS: _____

WE STRONGLY URGE YOU TO SUBMIT A PHOTOGRAPH OF THE NOMINEE.

RETURN TO:

SCSL

PO BOX 99493

PITTSBURGH, PA 15233

sec@steelcitysoftball.org

SUBMITTED BY:
