



Babe Ruth League, Inc.

Website: *www.baberuthleague.org*
International Headquarters: 1670 Whitehorse-Mercerville Road
Hamilton, NJ 08619
Phone: 609-695-1434 Fax: 609-695-2505

OFFICIAL NOMINATION FORM FOR THE BABE RUTH LEAGUE, INC. HALL OF FAME

NOMINATION SUMMARY (Please type or print)

STATISTICS - THREE YEARS OF ELIGIBILITY

1ST
2ND
3RD

NOMINEE STATUS

Active
Inactive

DATE NOMINATED: _____ DATE RECEIVED: _____

Note: The Babe Ruth League, Inc. Hall of Fame is designed to honor those persons, organizations and/or groups for contributions to Babe Ruth League, Inc. through dedication, devotion and effort.

In order for a person, organization or group to be elected to the Babe Ruth League, Inc. Hall of Fame, they must have made a significant contribution of time, effort and devotion to Babe Ruth League, Inc. However, it is not necessary that a nominee be or have been an official of Babe Ruth League, Inc. Active members of 15 or more years shall be eligible.

NAME: _____ NICK NAME: _____

ADDRESS: _____

TELEPHONE: Area Code () _____

YEARS OF CONTRIBUTION: _____ to _____ TOTAL YEARS _____
(Year) (Year)

NOMINATED BY: Name _____

Address _____

Telephone Area Code () _____

Email _____

Please provide the following information for the nominee:

1. DETAILED CHRONOLOGICAL RECORD OF CONTRIBUTION:

Define positions held, i.e., administrator, coach, manager, official, umpire, etc. and term of position(s) held. Detail contribution accomplishments and impact of such on local league, district, state, regional and international levels as applicable.

2. CHARACTERISTICS OF THE NOMINEE:

Describe the distinguishing features, qualification and leadership characteristics, as well as the impact they had on Babe Ruth League, Inc.

3. CONTRIBUTION OF MERIT:

Define the value of the contribution to Babe Ruth League, Inc. in respect to retention, growth and development of the program.

4. PERSONAL CHARACTER:

Consider personal behavior and conduct, as well as their impact on Babe Ruth League, Inc. in general and the youth in particular.

5. SUPPLEMENTARY INFORMATION:

List any extraneous activities engaged in and honors, as well as recognition received by the nominee.

6. ADDITIONAL SUPPORT INFORMATION:

7. STATE COMMISSIONER'S COMMENTS:

8. REGIONAL COMMISSIONER'S COMMENTS:

Please return this form and the supporting information for the nominee to:

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