

Wisconsin Baseball Hall of Fame Nomination Form

Please return to Mark R. Fuller  
Cumberland H.S.  
1000 8th Avenue  
Cumberland, WI 54829  
mfull@csdmail.com

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Schools Coached at:

_____	Position _____	Record (if Head Coach) _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Overall Head Coaching Record: \_\_\_\_\_

Other Coaching Experiences in Baseball: (Legion, etc.)  
(Add records if applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Individual Honors Earned:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conference Titles: \_\_\_\_\_

Sectional Appearances: \_\_\_\_\_

State Appearances: \_\_\_\_\_

Other Contributions to the Game:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WBCA Involvement:

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Family Info:

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Other Comments:

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\*This is a "Nomination only" and will be passed on to the Selection Committee.  
Nominating Person: \_\_\_\_\_