

CAPE COD BASEBALL LEAGUE HALL OF FAME 2025 NOMINATION FORM

IT IS IMPORTANT TO <u>COMPLETE THIS ENTIRE FORM</u> AS REQUESTED IN ORDER FOR YOUR CANDIDATE TO BE CONSIDERED FOR INDUCTION BY THE HALL OF FAME

Nominee's name:	
Address:	
City/State/Zip:	
	Phone:
Years of participation/CCBL Team(s):
-	possible in an attached file why you believe this nominee to the Cape Cod Baseball League Hall of Fame.
TIME WITH THE CCBL, including	e as much factual data as possible RELATIVE TO THEIR honors attained and statistical information. Please be very committee receives, the better it will be for your candidate.
Information regarding contacting the	nominee or their family is vital.
	O LATER THAN FEBRUARY 15, 2025. All information BL Hall of Fame Secretary, Sue Horton, at
Nominated by:	
Address:	
City/State/Zip:	
E-Mail:	Phone:
Signature:	Date: