

# The Canadian Baseball Hall of Fame & Museum

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## NOMINATION FORM

*Please type or print neatly*

Date: \_\_\_\_\_

Nominee: \_\_\_\_\_

Name commonly called: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Date of death: \_\_\_\_\_ Place of death: \_\_\_\_\_

Reside in Canada: From \_\_\_\_\_ To \_\_\_\_\_

**Baseball Association/Affiliation (if any):**

**Nomination Basis:**

*(Please attach additional supporting documents)*

Nominated By: \_\_\_\_\_

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

Telephone (Bus): \_\_\_\_\_ Telephone (Res): \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

For Office Use Only _____	Date Received _____
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Remarks: \_\_\_\_\_