

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: _____