

WSCA
Baseball Hall of Fame Nomination Form

Name of Nominee _____

School or Schools Coached : _____

Number of Years Coaching: _____
Head and Assistant

Years Member of WSCA(List Years) _____

Contact Information Nominee: _____

Overall Coaching Record/League Record: _____

Contributions to Washington State High School Baseball: _____

Person Nominating and Contact Information: _____

Return to:
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