

PSSA Hall of Fame Nominee Application

Name of Nominee:			
If you are submitting a	nominee who is deceased, please pr	ovide your name and contact information.	
Address of Nominee:			
City:	State:	Zip:	_
Home #:	Cell #	Email:	
How many years ha	s nominee participated in PSSA	Λ:	
PSSA team affiliation	ine.		
League Accomplish	ments / Offices Held:		
Outside Qualificatio	ns / Accomplishments:		
Nomination submitt	ed hv.		