

**CAPE COD BASEBALL LEAGUE
HALL OF FAME
NOMINATION APPLICATION**

Nominee's name: _____

Address: _____

City/State/Zip: _____

Years of participation: _____

Please explain in as much detail as possible why you believe this nominee should be considered as a member of the Cape Cod Baseball League Hall of Fame. Please include as much factual data as possible and use additional paper if needed. Please submit this form to any member of the CCBL Hall of Fame Committee, or forward to Bob Stead, 7 Nottingham Drive, YarmouthPort, MA 02675.

Nominated by: _____ Date: _____

Address: _____

City/State/Zip: _____

Signature: _____ Phone: _____