



Please fill out the information below and on the second sheet completely. Any information missing could jeopardize being considered for the award. The selection of the players is the sole responsibility of the Board of Directors of the GABHoF and their decisions are final.

Ron DeGrand President, GABHoF

“PLAYER OF THE YEAR” CONTACT INFORMATION

Player’s Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

High School: _____

Address: _____

City, State, Zip: _____

Baseball Coach’s Name: _____

Phone: _____

Email: _____

Coach’s Signature: _____ Date: _____

Player’s Signature: _____ Date: _____

