

8-11-08

## Dawahares / KHSAA Hall of Fame Nomination Form

KHSAA Form GE30  
Rev. 4/03

## Information about Nominee

Name:	Beth Wilkerson Hammond
Is the nominee deceased? (circle)	YES <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">NO</span>
(if nominee is not deceased, please fill out address information below)	
Address:	549 Illinois Ct.
City, State, Zip	Westerville, Ohio 43081
Phone (list day and night)	(614) 882-3714

## Information about person making nomination (list "self" if self-nominating)

Name:	JUDY COX
Address:	8310 Goldenrod Drive
City, State, Zip	Catlettsburg, KY 41129
Phone (list day and night)	606 739-8224 (cell) 606 465-2557

**Important Information Needed for ALL Nominees. This information is important to the Selection Process in helping to ensure that the desired objectives with regard to the consideration of nominees and the induction process is satisfied. (Application will not be accepted without this information)**

Please list the primary category of nomination (circle)-

<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">PLAYER</span>	COACH	OFFICIAL	CONTRIBUTOR
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Birth Date of Nominee	10-6-61
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Sex (circle one)	Male	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Female</span>
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Is the nominee a minority (African American and others) as defined in 2(c)	Yes	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">No</span>
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**If this person is being nominated as a Coach, please complete the following additional information-**

Coached at which High School(s)	
Year of Retirement	
Primary KHSAA basketball region as defined in 2(b)	

(over for remainder of application)

If this person is being nominated as an Athlete, please complete the following additional information-

High School Attended	PARIS HIGH SCHOOL	
Graduation Year	1979	
Primary KHSAA basketball region as defined in 2(b)	10th REGION	

If this person is being nominated as an Official, please complete the following additional information-

Primary Officiating Accomplishments at the High School Level	
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For persons being nominated in all categories, please complete the following additional information

Please summarize this person's accomplishments as a coach, player, official or contributor at the high school level in Kentucky.
see Attached List of Accomplishments, statistics, and Articles

Please list any other factors about this individual that you would like for the Hall of Fame Committee to consider.

I certify that I have truthfully completed this information about the nominee with the permission of the nominee, that he/she will accept induction if selected, and I will cooperate with the KHSAA should additional information be needed for his/her consideration.

Signature Judy G. Cox Name (print) JUDY G. COX Date 5-25-08

Attach any relevant press clippings and materials which would verify coaching win-loss records, or other statistical information. Also attach any other letters of recommendation of other information which may be helpful to the committee in making a final selection.