

# Dawahares / KHSAA Hall of Fame Nomination Form

KHSAA Form GE30  
Rev. 4/03

## Information about Nominee

|  |   |
|--|---|
| Name:  | Dom Fucci   |
| Is the nominee deceased? (circle)  | YES <span style="margin-left: 100px;">(NO)</span> |
| <i>(if nominee is not deceased, please fill out address information below)</i> |   |
| Address:   | 1073 WINDHAM Hills Dr                             |
| City, State, Zip   | LEXINGTON KENTUCKY 40514                          |
| Phone (list day and night)   | 859-619-2036 / 859 276-2235                       |

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

|                            |  |
|----------------------------|--|
| Name:                      |  |
| Address:                   |  |
| City, State, Zip           |  |
| Phone (list day and night) |  |

**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)–

|  |   |          |             |
|--|---|----------|-------------|
| PLAYER <input checked="" type="checkbox"/> | COACH <input checked="" type="checkbox"/> | OFFICIAL | CONTRIBUTOR |
|--|---|----------|-------------|

|                       |           |
|-----------------------|-----------|
| Birth Date of Nominee | 4/29/1957 |
|-----------------------|-----------|

|                  |        |        |
|------------------|--------|--------|
| Sex (circle one) | (Male) | Female |
|------------------|--------|--------|

|  |     |      |
|--|-----|------|
| Is the nominee a minority (African American and others) as defined in 2(c) | Yes | (No) |
|--|-----|------|

**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                               | TATES CREEK |  |
| Graduation Year                                    | 1975        |  |
| Primary KHSAA basketball region as defined in 2(b) | 11TH        |  |

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

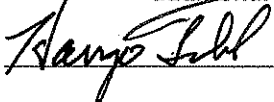
|  |  |
|--|--|
| Primary Officiating Accomplishments at the High School Level |  |
|--|--|

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. |   |
| ALL STATE 1975<br>" RES 1975-1974<br>MA BASKETBALL 1975  | ALL AMERICAN 1975<br>ALL STATE BASEBALL 74 & 75 |

|  |
|--|
| Please list any other factors about this individual that you would like for the Hall of Fame Committee to consider.  |
| PLAYED 6 years of Professional BASEBALL - CHICAGO WHITE SOX<br>FINISHED UP IN MEXICO - YUATAN - MEXICO DETROIT TIGERS<br>ACTIVE TEACHER/COACH AT TATES CREEK |

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  Name (print) HARRY O. TODD Date 4 OCT 07

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.

