## Dawahares / KHSAA Hall of Fame Nomination Form

	Inf	ormation abo	out Nominee				
Name:	Phil	Cox					
Is the nominee deceased?			YES		(NO)		
	e is not dec	ceased, please t	ill out address info	ormation bel	ow)		
Address:		115 Claymore Lane					
		1					
City, State, Zip	10	ak Rid	ge, TN	<u> 378</u>	30		
Phone (list day and night)	ce	ce 11 8105-8810-8939 Home-8105 425-409					
Information abou	t norcon	makina nam	ination (liet "s	alf" if sal	f-nominating)		
Name:	L person i	100 V T	WAN I//	A A HA	110F TIME 1995		
Address:	•	HARRY TODD KHSAA HALLOFTANE 1995					
Addicos.		CARGE	13 R				
City, State, Zip		17 17 1/	V //22 //				
Phone (list day and night)		1Diz,K	-0130				
Important Information N							
Please list the primary car	<b>ot be acc</b> tegory of r	epted withou	ıt this informa	ntion)	CONTRIBUTOR		
Birth Date of Nominee		2-18-	-63				
		(Ma		T	Female		
Sex (circle one)		lvia			remaic		
Is the nominee a minority (African American and others) as defined in 2(c)			Yes		No		
If this person is being	nominate	d as a Coacl inform	n, please com	plete the f	following additional		
Coached at which High S	chool(s)	11101111	- U- W				
	• •						
Year of Retirement							
Primary KHSAA basketba	all region a	as					
defined in 2(h)			1				

(over for remainder of application)

High School Attended	Camax	d Hah	School	
Graduation Year	1981	0.		
Primary KHSAA basketbal defined in 2(b)	l region as			
If this person is being no		cial, please com mation-	plete the followin	ng addition
Primary Officiating Accomplishments at the High School Level				
For persons being nomi	infor	mation		
Please summarize this pe the high school level in Ke		ents as a coach,	player, official or co	ontributor a
Mr BASKET BAL	L 1981			
Mr BASKETBAL ALL STATE 1981	+1980			
Please list any other facto Committee to consider.	rs about this individu	al that you would	like for the Hall of	Fame
I certify that I have truthful nominee, that he/she wil addit	ly completed this inform I accept induction if sel ional information be ne	lected, and I will co	operate with the KHS	nission of the SAA should
Signature Jul	Name (print)	Phil Co	Date _	(e 21 c
Attach any relevant pi		`		

