

**Dawahares / KHSAA Hall of Fame Nomination Form**

KHSAA Form GE30  
Rev. 4/03

**Information about Nominee**

Name:	Barry Corham	
Is the nominee deceased? (circle)	YES	<b>NO</b>
<i>(if nominee is not deceased, please fill out address information below)</i>		
Address:	POB 23456	
City, State, Zip	Lex. Ky. 40523	
Phone (list day and night)	977-1712	562-5932

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

Name:	Kirk Childs	
Address:	600 Colpepper Rd.	
City, State, Zip	Lex. Ky. 40502	
Phone (list day and night)	381-3423 & 1102	266-0703

**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	COACH	<b>OFFICIAL</b>	CONTRIBUTOR
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Birth Date of Nominee	4-26-51
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Sex (circle one)	<b>Male</b>	Female
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Is the nominee a minority (African American and others) as defined in 2(c )	Yes	<b>No</b>
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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	
Graduation Year	
Primary KHSAA basketball region as defined in 2(b)	

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

Primary Officiating Accomplishments at the High School Level	Please see enclosed info
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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.


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 Kirk Cliles Name (print) Kirk Cliles Date 10-6-04

**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.**

- **23 Years Registered Official with the KHSAA**
- **Reached highest level of certification in 1<sup>st</sup> year eligible**
- **Position 1<sup>st</sup> 5 years – Umpire**
- **Position final 18 years – Referee & Crew Chief**
- **President Central Kentucky Football Officials Association 2 Years**
- **Referee & Crew Chief in 5 State Championship Games**
- **Referee & Crew Chief in numerous State semi-final and quarter-final games.**
- **Conducted many local and regional training programs to young officials.**
- **Nominated for High School Football Official of the Year by the KHSAA**
- **Active in recruitment of young football officials throughout my career.**