## Dawahares / KHSAA Hall of Fame Nomination Form

	Information a	bout Nominee				
Name:	Jerry C. T	hruston				
Is the nominee deceased?	(circle)	YES	(NO)			
(if nominee is not deceased, please fill out address information below)						
Address:	2038 W 6	2+r St				
			<i></i>			
City, State, Zip	Indianap	olis, IN	46260-4397 He 317-257-3646			
Phone (list day and night)	Day 317-7	48.0882, N	40317-257-3646			
information about		mination /lint final	Ell is not somination.			
Name:	person making nor	mmadon (nst. ser	f" if self-nominating)			
Address:						
			**************************************			
City, State, Zip		,				
Phone (list day and night)	**************************************	makan baran dan dan kali dalam dina dina dina dina dina dina dina dina				
consideration of nomine no Please list the primary cate	t be accepted witho	ut this informatio				
ILAILIN	OOAOII	OFFICIAL	CONTRIBUTOR			
Birth Date of Nominee 02/06/1959						
Sex (circle one)	(Ma	ale)	Female			
Is the nominee a minority (African American and others) as defined in 2(c)		(Yes)	No			
If this person is being n		h, please comple	te the following additional			
Coached at which High Sc						
Year of Retirement						
Primary KHSAA basketball						
defined in 2(b) 3 ✓ c	1 Region					

(over for remainder of application)

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

High School Attended	Owens boro.	Kentucky	
Graduation Year	1972		
Primary KHSAA basketball region as			
defined in 2(b)	3rd Region		

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

Primary Officiating	AII	District 3 yrs	Mr. Basketball	1972
Accomplishments at the	ALL	Region 34rs	State Charms 1971	
High School Level	AII	Region 34rs State 24rs	State Champ 1971	

## 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 the above.

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

I have the game

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) Jerry Muston

rify coaching win-loss

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.

