## Dawahares / KHSAA Hall of Fame Nomination Form

|  |                   | Intorm             | ation abo             | ut Nominee                         |               |                        |
|--|-------------------|--------------------|-----------------------|------------------------------------|---------------|------------------------|
| Name:  | We                | 1 mor              | VHI                   | RILL ON                            |               |                        |
| Is the nominee deceased  |                   |                    |                       | YES /                              |               | NO                     |
|  | e is not          | t decease          | ed, please fi         | ll out address infor               | mation b      | pelow)                 |
| Address:   |                   |                    |                       |                                    |               |                        |
|  | ]                 |                    |                       |                                    |               |                        |
| City, State, Zip   |                   |                    |                       |                                    |               |                        |
| Phone (list day and night  | )                 |                    |                       |                                    |               |                        |
| Information abou   | t nors            | on mak             | ina nomi              | nation (list "se                   | elf" if s     | elf-nominating)        |
| Name:  | i perse           | / //x              | MAN I                 | 3. Week                            |               | <i></i>                |
| Address:   |                   | 1222 Oakwood Dr    |                       |                                    |               |                        |
| Addices.   |                   | 12                 | <del>- ) (</del>      | Jan Mada                           | UI            |                        |
| City, State, Zip   |                   | Bay                | lind (                | Teen, K                            | J. 4          | 4201                   |
| Phone (list day and night  | :)                | 171                | -100                  | 0135                               | <del>./</del> | 10 121                 |
|  |                   | F1/0               | 144                   | - 07)                              |               |                        |
| Selection Process in he consideration of nominal new Please Jist the primary cal | nees a<br>ot be a | and the<br>accepte | induction<br>d withou | n process is sa<br>t this informat | atisfied      | s with regard to the   |
| (PLAYER  |                   | COACH              |                       | OFFICIAL                           |               | CONTRIBUTOR            |
|  |                   |                    | 1                     |                                    |               |                        |
| Birth Date of Nominee  |                   | 192                | 60                    |                                    |               |                        |
|  |                   | 1,0                | 7                     | 1                                  |               |                        |
| Sex (circle one)   |                   | (Ma                |                       | le)                                |               | Female                 |
|  |                   |                    |                       |                                    |               | Г                      |
| Is the nominee a minority (African America and others) as defined in 2(c)        |                   |                    | erican                | Yes                                |               | No                     |
| and others) as defined in  |                   |                    |                       |                                    |               |                        |
| If this person is being  | nomin             | ated as            | a Coach<br>informa    | , please comp                      | lete th       | e following additional |
| Coached at which High  | School            | (s)                | IIIIOIIIIe            | itiOii-                            |               |                        |
| Codonod at Willort Fright  | _ 0, 1001         | (-)                |                       |                                    |               |                        |
| Year of Retirement   |                   |                    |                       |                                    |               |                        |
| Primary KHSAA basketb  | all reg           | ion as             |                       |                                    |               |                        |
| defined in 2(h)  | _                 |                    |                       |                                    |               |                        |

(over for remainder of application)

| If this person is being nom  |  | Atniete, pi<br>formation  |                          | emplete the following additional    |
|--|--|---------------------------|--------------------------|-------------------------------------|
| High School Attended   | State S                                | Keek                      | High                     | 5ch681                              |
| Graduation Year  | 1945                                   | •                         |                          |                                     |
| Primary KHSAA basketball defined in 2(b)                           | region as                              | K                         | regional controls        | High school Athletic Looque         |
| If this person is being non  | ninated as an (<br>in                  | Official, p<br>formatior  | /<br>lease co<br>ı-      | omplete the following additional    |
| Primary Officiating<br>Accomplishments at the<br>High School Level |  |                           |                          |                                     |
|  | in                                     | ıformatio:                | n                        | omplete the following additional    |
|  |  | shments a                 | s a coac                 | ch, player, official or contributor |
|  | /                                      |                           |                          |                                     |
| see attacked Sp  | MS Bio.                                | ON W.                     | el (Mol                  | JA BOUT, ON                         |
|  |  |                           |                          |                                     |
|  |  |                           |                          |                                     |
|  |  |                           |                          |                                     |
| Please list any other factor                                       | s about this ind                       | lividual tha              | at you wo                | ould like for the Hall of Fame      |
|  |  |                           |                          |                                     |
| See altyphen he  | real My                                | lette                     | UXF                      | played in 1936-1957-                |
| limited info on  | 1 Block A                              | fulletes,                 | , threat                 | project in the tier                 |
| E-41(KHSAL)V   | Selmon Bri                             | th or                     | soe he                   | evis Daniel, Joe 5-Comb             |
| nominee, that he/she will a  | ccept induction i<br>nal information b | f selected,<br>e needed f | and I will<br>or his/her |                                     |
| Signature James y, We  | Name (print                            | ) Alonza                  | G-                       | Webb Date 8-27-21                   |
| V  |  |                           |                          |                                     |

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.