Dawahares / KHSAA Hall of Fame Nomination Form

KHSAA Form GE30
Rev. 4/03

Information about Nominee

Name:	Steve Riley

Is the nominee deceased? (circle) YES (NO)

(if nominee is not deceased, please fill out address information below)

Address:	189 Blue Sky Dr.
City, State, Zip	Glasgow, Ky 42141
Phone (list day and night)	work- 502-564-8100

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

Name:	Gary Dearborn
Address:	
	114 Joe Montgomery Ct
City, State, Zip	Glasgow, Ky 42141
Phone (list day and night)	859-234-7545

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)	OFFICIAL	CONTRIBUTOR

Birth Date of Nominee	June 23, 1958

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)	Barren County High School
Year of Retirement	2015
Primary KHSAA basketball region as defined in 2(b)	Region 4

(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	

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 attached -

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 Gary Dearborn Name (print) Gary Dearborn Date 10-25-2023

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.