## KHSAA Form GE30 Rev. 4/03

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

Information about Nominee				
Name:	John Zutt			
Is the nominee deceased?		YES	(NO)	
(if nominee is not deceased, please fill out address information below)				
Address:	15017 Gle	idower Dr		
		,		
City, State, Zip	Louisville	KY 40245		
Phone (list day and night)				
Lancia de la constanta de la c				
	person making no	mination (list "se	elf" if self-nominating)	
Name:	Brad Mor	gan		
Address:	1//3/17 6	A .	liew Ct.	
		V		
City, State, Zip	Couisuille	. Ku 4-02		
Phone (list day and night)		- 9827		
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	7/10/58			
Sex (circle one)	M	ale	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) Christian Academy of Louisville				
Year of Retirement Active				
Drive on CUICAA be alreath all we already			7 101	
defined in 2(b)		DECTION	2 (Region 7)	

(over for remainder of application)

If this person is being nor	minated as an Athlete, please complete the following additional information-
High Cohool Attended	mormation-
High School Attended	
Graduation Year	·
Primary KHSAA basketbal defined in 2(b)	I region as
If this person is being nor	minated as an Official, please complete the following additional information-
Primary Officiating Accomplishments at the High School Level	
For persons being nomin	ated in all categories, please complete the following additional information
Please summarize this per at the high school level in I	rson's accomplishments as a coach, player, official or contributor Kentucky.
Please list any other factor	s about this individual that you would like for the Hall of Fame
Committee to consider.	
nominee, that he/she will a	completed this information about the nominee with the permission of the ccept induction if selected, and I will cooperate with the KHSAA should nal information be needed for his/her consideration.
Signature Signature	Name (print) BRAD MORGAN Date 10/31/25

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.