

OCT 02 2014

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

KHSAA Form GE30  
Rev. 4/03

**Information about Nominee**

Name:	JAMES M. BOWLES, MD (PETE)
Is the nominee deceased? (circle)	YES (NO)
<i>(if nominee is not deceased, please fill out address information below)</i>	
Address:	2020 MARTY DRIVE
City, State, Zip	MADISONVILLE KY 42431
Phone (list day and night)	(270) 825-4240 (270) 832-8317

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

Name:	S. GALE TRAVIS, CMAA
Address:	2675 SHAKERAG ROAD
City, State, Zip	MANITOW KY 42436-9795
Phone (list day and night)	(270) 339-1963

**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
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Birth Date of Nominee	09-24-40
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Sex (circle one)	Male	Female
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Is the nominee a minority (African American and others) as defined in 2(c)	Yes	No
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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	
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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.
<i>Yeti is a vital asset to youth and sports medicine. His dedication for service is 2<sup>nd</sup> to none.</i>

Please list any other factors about this individual that you would like for the Hall of Fame Committee to consider.
<i>see attachments</i>

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 *S. Gale Travis* Name (print) S. GALE TRAVIS Date 9/14/14

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.