

# Dawahares / KHSAA Hall of Fame Nomination Form

KHSAA Form GE30  
Rev. 4/03

## Information about Nominee

Name:	OSCAR BROHM
Is the nominee deceased? (circle)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<i>(if nominee is not deceased, please fill out address information below)</i>	
Address:	8011 HUNTSMAN TRAIL
City, State, Zip	LOUISVILLE, KENTUCKY 40291
Phone (list day and night)	(502) 445-1255 (CELL) (502) 239-6201 (HOME)

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

Name:	JEFF BROHM (WKU HEAD FOOTBALL COACH)
Address:	1605 AVENUE OF CHAMPIONS SMITH STADIUM WEST
City, State, Zip	BOWLING GREEN, KY. 42101
Phone (list day and night)	(502) 541-7603

**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 PRIMARILY not be accepted without this information)**

Please list the primary category of nomination (circle) -

<input checked="" type="checkbox"/> PLAYER	<input type="checkbox"/> COACH	<input type="checkbox"/> OFFICIAL	<input checked="" type="checkbox"/> CONTRIBUTOR
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Birth Date of Nominee	FEB. 5, 1948
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Sex (circle one)	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
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Is the nominee a minority (African American and others) as defined in 2(c)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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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)