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

Information about Nominee							
Name:	Chrissy Ro	beets					
Is the nominee deceased? (	circle) '	YES		(NO)			
(if nominee is not deceased, please fill out address information below)							
Address:	105 B B	attle fre	eld Cincl	l			
City, State, Zip	Richmond	, KY	40475				
Phone (list day and night)	859 - 35	8 - 837	2				
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Information about p			st seir it s	eir-nominating)			
Address:	Buddy Be	XKY	11. DI				
Audiess.	2236 Ba	ellandsv	IIIE Kol.				
City, State, Zip		. 01	11, ×10				
	Eminence	$\frac{2}{2}$	70017	502-7 <i>73</i> -3050 <i>(0</i> 9)			
Phone (list day and night)	502 - 845	- /500 (	Night)	502-773-5030(044)			
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	OFF	ICIAL	CONTRIBUTOR			
Birth Date of Nominee	12/25/197	4					
Sex (circle one)	Mal	le		Female			
Is the nominee a minority (African American and others) as defined in 2(c)		(Y	es	No			
If this person is being nominated as a Coach, please complete the following additional information-							
Coached at which High Scho	nol(s)						
	NF	†					
Year of Retirement	NA						
Primary KHSAA basketball r defined in 2(b)		h	A				

(over for remainder of application)

## If this person is being nominated as an Athlete, please complete the following additional information-

High School Attended	Eminence	High	Schoo)
Graduation Year	1993	,	
Primary KHSAA basketball defined in 2(b)	region as		8th Region

## If this person is being nominated as an Official, please complete the following additional information-

milormation						
Primary Officiating Accomplishments at the High School Level	NA					

## For persons being nominated in all categories, please complete the following additional information

iniormation					
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.

See Attached.

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

Name (print)

Data

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.