

Dawahares / KHSAA Hall of Fame Nomination Form

KHSAA Form GE30
Rev. 4/03

Information about Nominee

| | |
|--|---|
| Name: | Russ Chadwell |
| 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: | 2550 Old US 25 N |
| City, State, Zip | Berea KY 40403 |
| Phone (list day and night) | 859 985 0178 |

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

| | |
|----------------------------|-------------------|
| Name: | John Roberts |
| Address: | 527 w/ Main |
| City, State, Zip | Richmond KY 40475 |
| Phone (list day and night) | 859 948 1911 |

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)-

| | | | |
|---|-----------------------------|--------------------------------|-----------------------------------|
| <input checked="" type="radio"/> PLAYER | <input type="radio"/> COACH | <input type="radio"/> OFFICIAL | <input type="radio"/> CONTRIBUTOR |
|---|-----------------------------|--------------------------------|-----------------------------------|

| | |
|-----------------------|----------|
| Birth Date of Nominee | 11/19/68 |
|-----------------------|----------|

| | | |
|------------------|---------------------------------------|------------------------------|
| Sex (circle one) | <input checked="" type="radio"/> Male | <input type="radio"/> Female |
|------------------|---------------------------------------|------------------------------|

| | | |
|--|---------------------------|-------------------------------------|
| Is the nominee a minority (African American and others) as defined in 2(c) | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
|--|---------------------------|-------------------------------------|

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 | Clay County High School | |
| Graduation Year | 1988 | |
| Primary KHSAA basketball region as defined in 2(b) | 13 | |

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. |
| All state 1987, 1988 All Tourney Team 87, 88 State champion 1987 State Runner up 1988 |

| |
|---|
| Please list any other factors about this individual that you would like for the Hall of Fame Committee to consider. |
| 4x All American @ Georgetown College Top 10 in points @ State Tourney Top 5 leading scorer @ Clay County |

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 John Roberts Name (print) John Roberts Date 11/20/07

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.