

CAAD NOMINATION FORM FOR STATE RECOGNITION

Please complete this form and return to: Dave Johnson, Chairman
CAAD Awards Committee
25 Sekelsky Drive
Stratford, CT 06614
david8976@att.net

Your Name: _____
Address: _____

Telephone: _____
Email: _____

CAAD Hall of Fame

Nominees Name: _____

CAAD Distinguished Service Award

Nominees Name: _____

CAAD “Friend of Athletics Award”

Nominees Name: _____

Robert Duncanson “Meritorious Service Award”

Nominees Name: _____

NIAAA State Award of Merit

Nominees Name: _____

****Nominations must include information to support the nominee. Supporting criteria may include but is not limited to: where the person served as an athletic administrator; positions held; length of service; activities and offices held at the local, state and national levels; special contributions and accomplishments in athletic administration; ancillary work with youth and/or non-school programs; and previous awards and recognition. Please include the nominees contact information including address, telephone number and email address**

