

Your Name: _____ Phone #: _____ Date: _____

Address: _____

Email: _____

Criteria for selection:

Candidates must be/have been one of the following:

- a BCSD athlete
- coach
- administrator
- community member/fan/role model

Candidates may be nominated for:

- Bravery, honor, service, citizenship, sportsmanship, teamwork or support to the Brockport Central School District Interscholastic Athletic program

Return nomination form to:

Todd Hagreen, Director of Athletics
Brockport Central School District
40 Allen Street
Brockport, NY 14420

Office: 585.637.1836

Email: todd.hagreen@bcs1.org