

HEART OF THE HODAG AWARD
NOMINATION FORM

Name of Candidate: _____

Contact Information: _____

Nominated by: _____ Date: _____

Support Category: Fan _____

Coach _____

Volunteer _____

Other _____

How has candidate supported Hodag Athletics? _____

Years Candidate Affiliated with Hodag Programs: _____

This Section for Selection Committee

Verified By: Name _____ Date _____

Comments _____

Consideration Category: Strongly Considered Mildly Considered
 Moderately Considered Not Considered

Selection Committee Comments:

Committee Members: