

## 2009-2010 NIAAA State Leadership Directory Information

State: **New York**

Name of State AD Association: **New York State Athletic Administrators' Assoc., Inc.**

Acronym: **NYSAAA**

Approximate number of state athletic administrator association members: **657**

Annual member dues for state athletic administrator association: **\$ 45**

Date(s) of your 2008-09 state conference: **March 16-19,2010**

City of 2008-09 state conference (also list hotel if known): **The Saratoga Hilton & Conference Center, Saratoga Springs, NY**

Average state conference attendance: **AD's:325**    Spouse/Guests: **25**    Exhibitors: **125**

Exhibitor fee for your state conference: **\$ 350**

Number of issues of newsletter published per year: **3**

Web site address of state athletic administrators association: **www.nysaaa.org**

Length of term for state president: **1 year**

Implemented dual membership for state (Choose one response): Yes  No  Plan To

### AD's Association Executive Director (if applicable):

Name: **Alan Mallanda, CMAA**

Office Phone: **518-654-9663**

Office Fax number: **518-654-6918**

E-mail Address: **nysaaa@yahoo.com**

School (if applicable): **None**

Street Address: **119 Pleasant View Drive**

City, State, Code: **Lake Luzerne, NY 12846**

### President:

Name: **Harold Fried, CAA**

Office Phone: **845-744-2031 ext. 3607**

Office Fax Number: **845-744-3160**

E-mail Address: **hfried@pb.ouboces.org**

School: **Pine Bush High School**

Street Address: **State Rte. 302**

City, State, Code: **Pine Bush, NY 12566**

### NIAAA Liaison:

Name: **Dave Martens**

Office Phone: **585-223-5525**

Office Fax Number: **same**

E-mail address: **dmartens@frontiernet.net**

School: **Retired**

Street Address: **70 Dailey Road**

City, State, Code: **Fairport, NY 14450**

### NIAAA Leadership Training Coordinator #1:

Name: **Don Webster, CMAA**

Office Phone: **631-730-4980**

Office Fax Number: **631-730-4985**

E-mail Address: School: **dwebster@3villagecsd.org**

Street Address: **380 Old Town Road**

City, State, Code: **E. Setauket, NY 11738**

### NIAAA Leadership Training Coordinator #2:

Name: **Steve Young, CAA**  
Office Phone: **914-861-9412**  
Office Fax Number: **914-238-4434**  
E-mail Address: **styoung@ccsd.ws**  
School: **Horace Greeley High School**  
Street Address: **70 Roaring Brook Road**  
City, State, Code: **Chappaqua, NY 10514**

**NIAAA Leadership Training Coordinator #3**

Name: **Alan Mallanda, CMAA**  
Office Phone: Office Fax Number: **SAME**  
E-mail Address:  
School:  
Street Address:  
City, State, Code:

**NIAAA Certification Coordinator:**

Name: **Pat Pizzarelli, CAA**  
Office Phone: **516-295-8081**  
Office Fax Number: **516-295-8068**  
E-mail Address: **ppizz@lawrence.k12.ny.us**  
School: **Lawrence High School**  
Street Address: **Reilly Road**  
City, State, Code **Cedarhurst, NY 11516**

**President-Elect (if known):**

Name: **Mike Giruzzi, CAA**  
Year taking office: **2010**  
Office Phone: **585-392-1000 ext. 2135**  
Office Fax Number: **585-392-1071**  
E-mail address: **mgiruzzi@hilton.k12.ny.us**  
School: **Hilton Central School District**  
Street Address: **400 East Ave.**  
City, State, Code: **Hilton, NY 14468**

**Treasurer:**

Name: **Dennis Fries, CAA**  
Office Phone: **585-544-3883**  
Office Fax Number: **585-266-2827**  
E-mail Address: **freezer@frontiernet.net**  
School: **Retired**  
Street Address: **59 Timrod Drive**  
City, State, Code: **Irondequoit, NY 14617**

**Awards Chairperson:**

Name: **Scott Sugar**  
Office Phone: **315-341-2019**  
Office Fax Number: **315-341-2922**  
E-mail Address: **ssugar@oswego.org**  
School: **Oswego City Schools**  
Street Address: **2 Buccaneer Blvd.**  
City, State, Code: **Oswego, NY 13126**

**Membership Chairperson:**

Name: **Todd Heimer, CMAA**

Office Phone: **516-396-2488**  
Office Fax Number: **516-997-2916**  
E-mail Address: **theimer@mail.nasbooces.org**  
School: **Nassau BOCES**  
Street Address: **71 Clinton Road**  
City, State, Code: **Garden City, NY 11530-9195**

**Newsletter Editor**

Name: **Alan Mallanda, CMAA**  
Office Phone: **SAME**  
Office Fax Number:  
E-mail Address:  
School:  
Street Address:  
City, State, Code:

**State Conference Coordinator:**

Name: **Alan Mallanda, CMAA**  
Office Phone: **SAME**  
Office Fax Number:  
E-mail Address:  
School:  
Street Address:  
City, State, Code:

**Exhibits Chairperson:**

Name: **Larry Gillooley, CAA**  
Office Phone: **518-382-2511, Ext. 4361**  
Office Fax Number: **518-382-1964**  
E-mail Address: **lgillooley@niskyschools.org**  
School: **Niskayuna High School**  
Street Address: **1626 Balltown Road**  
City, State, Code: **Niskayuna, NY 12309**

**NIAAA Emergency Network Contact #1:**

Name: **Pat Pizzarelli, CAA**  
Office Phone: **SAME**  
Office Fax Number:  
E-mail Address:  
School:  
Street Address:  
City, State, Code:

**NIAAA Emergency Network Contact #2:**

Name: **Alan Mallanda, CMAA**  
Office Phone: **SAME**  
Office Fax Number:  
E-mail Address:  
School:  
Street Address:  
City, State, Code:

**NIAAA Emergency Network Contact #3:**

Name: **Dennis Fries, CAA**  
**SAME ADDRESS/PHONE**

**The NIAAA office prefers that each state complete this directory form electronically and email the completed document to: [mblackburn@niaaa.org](mailto:mblackburn@niaaa.org)**