

2009-10 NIAAA State Leadership Directory Information

State: **Oklahoma**

Name of State AD Association: **Oklahoma Interscholastic Athletic Administrators Association**

Acronym: **OIAAA**

Approximate number of state athletic administrator association members: **148**

Annual member dues for state athletic administrator association: **\$ 35.00**

Date(s) of your 2009-10 state conference **July 26th – 27th, 2009**

City of 2009-10 state conference (also list hotel if know): **Tulsa, Oklahoma Marriott & Hilton**

Average state conference attendance: AD's **200** Spouse/Guests: **200** Exhibitors: **100**

Exhibitor fee for your state conference: **\$300.00**

Number of issues of newsletter published per year: **0**

Web site address of state athletic administrators association: **ossaa.com**

Length of term for state president: **One Year**

Implemented dual membership for state (choose one response): Yes NO **Plan To**

Executive Director of Athletic Administrators Association:

Name:

Office Phone:

Office Fax number:

E-mail Address:

School (if applicable):

School Address:

City, State, **Oklahoma** Code:

President:

Name: **Mike Snyder**

Office Phone: **405-382-5134**

Office Fax number: **405-382-8281**

E-mail Address: msnyder@sps.k12.ok.us

School (if applicable): **Seminole High School**

School Address: **6117 N Timmons / PO Box 1031**

City, **Seminole** State, **Oklahoma** Code: **74868**

NIAAA Liaison:

Name: **Ed Garrett**

Office Phone: **(918) 246-1475**

Office Fax number: **(918) 246-1511**

E-mail Address: ed.garrett@sandites.org

School (if applicable): **Sand Springs Public Schools**

School Address: **P.O. Box 970**

City, **Sand Springs** State, **Oklahoma** Code: **74063**

NIAAA Leadership Training Coordinator # 1

Name: **David E. Fisher, CAA**
Office Phone: **405-354-0413**
Cell number: **405-593-9002**
E-mail Address: **David.fisher@yukonps.com**
School (if applicable): **Yukon Public Schools**
School Address: **1025 Garth Brooks Blvd**
City, **Yukon** State, **Oklahoma** Code: **73099**

NIAAA Leadership Training Coordinator # 2

Name:
Office Phone:
Office Fax number:
E-mail Address:
School (if applicable):
School Address:
City, State, **Oklahoma** Code:

NIAAA Certification Coordinator:

Name:
Office Phone:
Office Fax number:
E-mail Address:
School (if applicable):
School Address:
City, State, **Oklahoma** Code:

President-Elect (if know):

Name: **Tim Johnson**
Office Phone: **(918) 486-4474**
Office Fax number: **(918) 486-6688**
E-mail Address: tjohnson@coweta.k12.ok.us
School (if applicable): **Coweta High School**
School Address: **PO Box 550**
City, **Coweta** State, **Oklahoma** Code: **74429**

Treasurer:

Name: **Jon Wheeler**
Office Phone: **(918) 746-6106**
Office Fax number: **(918) 746-6182**
E-mail Address: wheeljo@tulsaschools.org
School (if applicable): **Tulsa Public Schools**
School Address: **PO Box 470208**

City, **Tulsa** State, **Oklahoma** Code: **74147-0208**

Awards Chairperson:

Name: **Carl Franks**
Office Phone: **(405) 793-3188**
Office Fax number: **(405) 799-9496**
E-mail Address: carlfranks@mooreschools.com
School (if applicable): **Moore Public Schools**
School Address: **1501 SE 4th Street**
City, **Moore** State, **Oklahoma** Code: **73160-8232**

Membership Chairperson:

Name: **Jon Wheeler**
Office Phone: **(918) 746-6106**
Office Fax number: **(918) 746-6182**
E-mail Address: wheeljo@tulsaschools.org
School (if applicable): **Tulsa Public Schools**
School Address: **PO Box 470208**
City, **Tulsa** State, **Oklahoma** Code: **74147-0208**

Newsletter Editor:

Name:
Office Phone:
Office Fax number:
E-mail Address:
School (if applicable):
School Address:
City, State, **Oklahoma** Code:

State Conference Coordinator:

Name: **Mike Snyder**
Office Phone: **405-382-5134**
Office Fax number: **405-382-8281**
E-mail Address: msnyder@sps.k12.ok.us
School (if applicable): **Seminole High School**
School Address: **6117 N Timmons / PO Box 1031**
City, **Seminole** State, **Oklahoma** Code, **74868**

Exhibits Chairperson:

Name:
Office Phone:
Office Fax number:
E-mail Address:
School (if applicable):

School Address:
City, State, **Oklahoma** Code:

NIAAA Emergency Network Contact #1:

Name: **Carl Franks**
Office Phone: **(405) 793-3188**
Office Fax number: **(405) 799-9496**
E-mail Address: carlfranks@mooreschools.com
School (if applicable): **Moore Public Schools**
School Address: **1501 SE 4th Street**
City, **Moore** State, **Oklahoma** Code, **73160-8232**

NIAAA Emergency Network Contact #2:

Name: **Ed Garrett**
Office Phone: **(918) 246-1475**
Office Fax number: **(918) 246-1511**
E-mail Address: ed.garrett@sandites.org
School (if applicable): **Sand Springs Public Schools**
School Address: **P.O. Box 970**
City, **Sand Springs** State, **Oklahoma** Code, **74063**

The NIAAA office prefers that each state complete this directory from electronically and e-mail the completed document to: mblackburn@niaaa.org

Endeavor to return the form prior to July 30, 2009

If you must mail the completed form please return the form to the NIAAA office address:

Mike Blackburn, NIAAA Associate Executive Director, 9100 Keystone Crossing, Suite 650,
Indianapolis, Indiana 46240