



**2017/18 VICTORIA MINOR HOCKEY ASSOCIATION
EXECUTIVE COMMITTEE NOMINATION**

POSITION BEING SOUGHT BY NOMINEE:

- | | |
|---|--|
| <input type="checkbox"/> President | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Recreation Program Governor |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Director |
| <input type="checkbox"/> Registrar | <input type="checkbox"/> Director |
| <input type="checkbox"/> Rep Program Governor | <input type="checkbox"/> Director |

PERSONAL INFORMATION:

NAME: _____ Team Affiliation: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

OCCUPATION: _____ EMPLOYER: _____

TELEPHONE: _____ EMAIL: _____

Board and/or Volunteer Experience of Nominee:

Hockey Experience of Nominee:

SIGNATURE OF NOMINEE _____

PLEASE FORWARD COMPLETED FORM TO THE NOMINATING CHAIR PRIOR TO APRIL 1st.

Email: nominations@victoriaminorhockey.ca