



**Centre Wellington Minor Hockey Association  
2024-2025 Nomination Form for Appointed Positions**

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Please return applications to the Administrator, Kristen Wiersma  
([kristen.cwmh@gmail.com](mailto:kristen.cwmh@gmail.com)) on or before the AGM on May 15, 2024.**

**For office use only:**

**Received By:** \_\_\_\_\_

**Date:** \_\_\_\_\_