



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

Name: _____

Position: _____

Signature: _____

Date: _____

Contact Phone: _____

Contact Email: _____

Nominated By:

(requirement: two people who are currently members of Centre Wellington Minor Hockey):

Name: _____ **Signature:** _____

Name: _____ **Signature:** _____

**Please return applications to the Administrator, Kristen Wiersma
(kristen.cwmh@gmail.com) on or before April 23, 2024. A list of all nominations
for elected positions will be posted by May 1, 2024**

For office use only:

Received By: _____

Date: _____