

**CENTRE WELLINGTON MINOR HOCKEY ASSOCIATION
NOMINATIONS FORM FOR ELECTED EXECUTIVE POSITIONS
2017/2018 HOCKEY SEASON**

NAME: _____

POSITION: _____

SIGNATURE: _____

DATE: _____

CONTACT PHONE NUMBER: _____

CONTACT EMAIL: _____

NOMINATED BY (two people required who are currently members of Centre Wellington Minor Hockey):

PLEASE PRINT

NAME

SIGNATURE

PLEASE PRINT

NAME

SIGNATURE

Please return applications to the secretary, Jennifer Cousineau, 519-820-9163, jenniecousineau@gmail.com on or before **April 19, 2017**. A list of all nominations for elected positions will be posted in the Elora and Fergus arenas by **May 3, 2017**.

Received by: _____ **Date:** _____