



**AVALON MINOR HOCKEY ASSOCIATION
BOARD OF DIRECTORS NOMINATION FORM**

I, _____, nominate _____
(Nominator) (Nominee)
for the position of _____ on the Avalon Minor Hockey

Association Board of Directors.

Signature of Nominator: _____

Date: _____

Telephone #: _____ Email: _____

Signature of Nominee: _____

Date: _____

Telephone #: _____ Email: _____

To be returned to:
Nomination Committee - AMHA
Email: nominations@avalonceltics.com
DEADLINE: Tuesday, June 16, 2021