



**AVALON MINOR HOCKEY ASSOCIATION  
BOARD OF DIRECTORS NOMINATION FORM  
ANNUAL GENERAL MEETING - SEPTEMBER 10 2024**

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 by September 3 2024 to:  
Nomination Committee - AMHA  
Email: [nominations@avalonceltics.com](mailto:nominations@avalonceltics.com)