



CAHA Nomination Form
Director of CAHA (2 year Term Beginning June 16, 2018)

Name: _____	Date: _____	
CAHA Member Assoc. you are from (i.e. OCHC, Oakland, etc.): _____		
Email Address: _____		
Phone: (____) _____ - _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____

Please provide a brief description of the nominee's hockey background and experience, if any.

Please indicate the nominee's interest in this position or reason for running as a CAHA Director.

Should the nominee be elected to a Directorship by a vote of the Member Teams, would they be interested in being an Officer of CAHA (i.e. Vice President, Secretary, Treasurer, etc.)

Yes or No (please check one)

Email completed form to jensprow@me.com CAHA Secretary no later than April 1st, 2018