Kerry Park Minor Hockey Association Please submit to email address below by April 27th, 2018

we bmaster@islander hockey.ca

Director's Nomination Form

Director's Position Running for:	
Candidate Information	
Full Name	
Home phone number	
E-mail address	
Employment/Position	 -
Education	
Previous experience (if any) with (name or	organization)
Please circle or highlight any of the followi possesses.	ng skills or experience that the candidate
Finance, accounting	Management, administration
Grant writing	Nonprofit experience
Fundraising and special events	Teaching experience, curriculum development
Public relations, communications	Contacts, networking
Other	Other
Affiliations or organizations the candidate civic).	belongs to (e.g., membership, professional,

Submitted by			
Name	Date		
Phone	E-mail		
Has this person been contacted to YesNo	o determine their int	erest in bein	g nominated?
Has this person reviewed the deso	•	•	n?
YesNo			
if "yes," would he/she be willing to	o serve if elected?	Yes	No
Thank y	jou for your no	mination	Λ