This information will be made available to the governors and the executive for the upcoming season. **As the information changes, it will be your responsibility to notify the Secretary.**

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| --- | --- | --- | --- |
| **Association:** | Your Local Minor Hockey Association’s Name | | |
| **Address:** | Local Minor Hockey Association’s Mailing Address | | |
|  | Local Minor Hockey Association’s Mailing Address | | |
| **Phone:** | LMHA Contact # | **Email:** | LMHA Contact Email |

|  |  |
| --- | --- |
| PRESIDENT: | LMHA President’s Name |
| PH. # CELL/ WORK: | XXX-XXX-XXXX |
| EMAIL: | Click here to enter text. |

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| LMHA ECAFHL REP: | Who the ECAFHL Executive should call if there is an issue |
| PH. # CELL / WORK: | XXX-XXX-XXXX |
| EMAIL: | Click here to enter text. |

|  |  |
| --- | --- |
| TREASURER: | LMHA Treasurers Name |
| PH. # CELL / WORK: | XXX-XXX-XXXX |
| EMAIL: | Click here to enter text. |

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| --- | --- |
| Referee-in-chief: | LMHA Treasurers Name |
| PH. # CELL / WORK: | XXX-XXX-XXXX |
| EMAIL: | Click here to enter text. |

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| --- | --- |
| Ice coordinator: | LMHA Treasurers Name |
| PH. # CELL / WORK: | XXX-XXX-XXXX |
| EMAIL: | Click here to enter text. |