



# ONTARIO RINGETTE ASSOCIATION APPOINTMENT FORM



## APPOINTMENT - PROVINCIAL PROGRAM CHAIR

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: Res: (    ) \_\_\_\_\_ Bus: (    ) \_\_\_\_\_

PLEASE PLACE AN X BESIDE THE APPROPRIATE COMMITTEE

**Even Years**

- Adult Development
- Elite Development
- Officiating Development
- Coaching Development

**Odd Years**

- Sport Development
- Membership Services
- Games and Tournaments
- Rules Development

NOMINEE ACCEPTANCE:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

In order to accept this nomination, this form must be accompanied by a short resume outlining background and experience related to the position applied for.

## NOMINATED FOR APPOINTMENT BY

a) REGIONAL  
DIRECTOR

\_\_\_\_\_

Region

\_\_\_\_\_

Signature

OR

b) ASSOCIATION  
PRESIDENT

\_\_\_\_\_

Association

\_\_\_\_\_

Signature

OR

c) PREVIOUS STANDING  
COMMITTEE CHAIR

\_\_\_\_\_

Program

\_\_\_\_\_

Signature

**\*Request for appointments must be submitted by May 1st**