

ASSOCIATION:_____

LOCAL ASSOCIATION BOARD OF DIRECTORS

FOR OFFICIAL USE ONLY:

President:_____

Address:_____

Home Phone:_____ Fax:_____ Work Phone:_____

Vice President:_____

Home Phone:_____ Work Phone:_____

Treasurer:_____

Address:_____

Home Phone:_____ Work Phone:_____

Secretary:_____

Home Phone:_____ Work Phone:_____

Coaching Co-ordinator:_____

Home Phone:_____ Work Phone:_____

Referee In Chief:_____

Home Phone:_____ Work Phone:_____

Registrar:_____

Home Phone:_____ Work Phone:_____

Games & Tournament Co-ordinator: _____

Home Phone:_____ Work Phone:_____

As soon as possible following your Association Annual General Meeting, please return completed form to:

Ontario Ringette Association, Suite 705, 1185 Eglinton Avenue East, North York, Ontario M3C 3C6