



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**