



**HURON-BRUCE MINOR HOCKEY ASSOCIATION
EXECUTIVE COMMITTEE POSITION NOMINATION FORM**

DATE: _____

NOMINEE (print name): _____

NOMINATED BY (print names):

1 _____
Member of HBMHA Executive

2 _____
Member of HBMHA Executive

Signatures of Nominators:

1 _____

2 _____

Acceptance of nomination by nominee: YES NO

Date of acceptance: _____

Signature of accepted nominee: _____

SUBMIT ALL NOMINATION FORMS TO HBMHA Secretary
hbmhsecretary@gmail.com