



SCTA Nomination Form

NOMINATION FOR (please use 1 nomination form per position)

<input type="checkbox"/> President (even years)	<input type="checkbox"/> Vice President (odd years)
<input type="checkbox"/> Secretary (even years)	<input type="checkbox"/> Treasurer (odd years)

1. _____ is hereby nominated for the above position within the South-Central Hockey League (SCTA). This nomination is endorsed by the following nominator who is a member of the Association (SCTA By-law Article XVII-1):

Nominator (PRINT NAME)	Position	Centre/Zone	Signature	Date

2. Nominee Information

Nominee (PRINT NAME)	Current Position	Centre/Zone	Email

3. Nominee Signature

I hereby accept this nomination:

_____ Date: _____

4. Forwarding Instructions:

All nominations must be received by the Secretary of the league (secretary@sctahockey.com) or delivered in person no later than 30 days before the League AGM as per SCTA By-law Article XVII-1