



ONTARIO RINGETTE ASSOCIATION  
APPOINTMENT FORM



**APPOINTMENT - PROVINCIAL PROGRAM CHAIR**

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

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

\_\_\_\_\_

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

PLEASE CIRCLE THE APPROPRIATE COMMITTEE:

- |                         |                       |                      |
|-------------------------|-----------------------|----------------------|
| Adult Development       | Athlete Development   | Coaching Development |
| Elite Development       | Games and Tournaments | Membership Services  |
| Officiating Development | 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 appointed 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  
Revised October, 2008**