

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