



SANTA ANA PONY BASEBALL BOARD OF DIRECTORS OFFICIAL NOMINATION FORM TO BE COMPLETED BY NOMINEE (PLEASE PRINT)

1. How long have you been a member of SAPB? _____

2. What division and team are you associated with? _____

3. Have you ever served on the SAPB board? Yes No Last Year Served _____

4. Have you ever served any other youth organization? Yes No

Organization: _____ Position: _____ Last Year Served _____

5. Briefly describe why you would like to serve SAPB. _____

6. What experience or qualities do you have that make you a good candidate for the office you are seeking? _____

9. Would you be interested in serving the league in a different position if this one is not available?

Yes No It depends on the position

Please list three references we may contact:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Nominees Email address: _____

Home Phone No: (____) _____ **Cell Phone No:** (____) _____

Signature of nominee _____ **Date** _____

All nominees will be notified by the President of SAPB as to the status of their nomination.

Approved Denied

President Cory Nelson _____