



The Pas Minor Hockey Association

thepasminorhockey.ca

Box 794

The Pas, MB R9A 1K8

Candidate Information

Date: _____

Name: _____

Home address: _____

Phone Number(s): _____

Email(s): _____

Board Position Nominated For: _____

Submitted by:

Name: _____

Home address: _____

Phone Number(s): _____

Email(s): _____

Has this person been contacted to determine their interest in being nominated? *(Please circle one)*

Yes No

If yes, would they be willing to serve if elected? *(Please circle one)*

Yes No

Withdrawn	Tabled	Carried	Carried (as amended)	Defeated