

# 2020 Jackson Area Hockey Association Board Application

Candidate Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

PLEASE LIST ALL CHILDREN CURRENTLY PLAYING FOR JACKSON HOCKEY:

Name: \_\_\_\_\_ Level: \_\_\_\_\_

Name: \_\_\_\_\_ Level: \_\_\_\_\_

Name: \_\_\_\_\_ Level: \_\_\_\_\_

Please list any board experience with JAHA or other organizations:

What skills can you provide to help support and build Jackson Hockey?:

Please briefly explain your reasons for wanting to run and be part of the JAHA Board  
(this information will be included on the voting form):