

**NOMINATING FORM**

Nominee: \_\_\_\_\_  
Position Nominated For: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email \_\_\_\_\_

**Biographical Data**

Previous involvement in SFYHA (or other hockey associations):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List positions held: \_\_\_\_\_  
\_\_\_\_\_  
Years of Involvement: \_\_\_\_\_

<b>Personal References – List 2</b>	<b>Name/Address/Phone</b>
_____	_____
_____	_____
_____	_____
_____	_____

List your children and their league (2024-2025 Season):  
\_\_\_\_\_

**Other Information**

What is your philosophy regarding SFYHA? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments and/or goals as SFYHA Board Member: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I consent to my name being submitted in nomination for this position.***

\_\_\_\_\_  
Signature Date

Mail to: Sioux Falls Youth Hockey Association (or email to [cherry.hunter@sfflyers.com](mailto:cherry.hunter@sfflyers.com))  
PO Box 89214  
Sioux Falls, SD 57109

***Please return form -  
No later than March 11, 2024***