

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: _____

Personal References – List 2

Name/Address/Phone

_____	_____
_____	_____
_____	_____
_____	_____

List your children and their league (2025-2026 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)

PO Box 89214

Sioux Falls, SD 57109

Please return form -

No later than March 23, 2025