

2019 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):