



OWATONNA YOUTH HOCKEY ASSOCIATION
Board Term: June 1, 2010 – May 30, 2013

Name: _____

Phone: _____ Cell: _____

E-Mail: _____

Children Currently in Program (Age/Team) _____

Prior Board Positions held with OYHA or Other Organizations _____

What strengths do you bring to the board? _____

What are your reasons/goals for desiring a board position? _____

Other comments? _____

By completing this application, I understand that OYHA is a working board and I will be expected to be on a minimum of three committees. Furthermore, I understand the expectations set forth in the Owatonna Youth Hockey Association Operating Guide, as published on www.owatonnahockey.com.