RAHA BOARD OF DIRECTORS APPLICATION

Two Year term (April 2017 - March 2019)

**Name:**

**Phone:**

**Address:**

**Email:**

**Children and ages:**

**Number of children in RAHA during 2016-2017 season:**

* **IP: \_\_ Mini Mite \_\_ Mite \_\_ U8 \_\_ U6 \_\_ Termite**
* **Girls: \_\_ U10 \_\_ U12 \_\_ U14**
* **Boys: \_\_ Squirt \_\_ PeeWee \_\_ Bantam \_\_Jr. Gold**

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**Previous involvement with RAHA, youth athletics or civic volunteer work:**

**Why do you want to be on the RAHA Board of Directors?**

**What value, talents or skills do you believe you could add to the RAHA Board of Directors?**

**Other (add any additional information you wish):**

Please return completed form by **noon** **on Tuesday,** **February 28, 2017** to Lisa Toll at lisat@rosemounthockey.org. You will receive acknowledgement of receipt within 3 days of your submission.

Thank you for your interest in the Rosemount Area Hockey Association