



## Tri-City Youth Basketball Association Board of Directors Nomination Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Numbers: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Basketball Experience: Player \_\_\_\_\_, Coach \_\_\_\_\_, Official \_\_\_\_\_

Sports Administration Experience (in what capacity) or other relative experience

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason I would like to be nominated to the Board of Directors

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nominations must be made by two active TCYBA members. TCYBA's nominating committee will recommend candidates from the nominations received to fill the vacant Board positions at the AGM.

1) Nominated By: Name \_\_\_\_\_

Contact Information \_\_\_\_\_

2) Nominated By: Name \_\_\_\_\_

Contact Information \_\_\_\_\_

I agree to be nominated to the Tri-City Youth Basketball Association Board of Directors and agree to serve in that capacity if elected.

Nominees Signature: \_\_\_\_\_

The candidates resume should be forwarded to along with this nomination form.

All nomination must be received 20 days in advance of the TCYBA AGM. Nomination forms and resumes should be forward to [executivedirector@tcyba.org](mailto:executivedirector@tcyba.org)