

Stevens Point Area Youth Hockey Association (SPAYHA)

Board of Directors

Application Form

Name _____

Address _____

Cell Phone# _____

Home Phone# _____

Email Address _____

Please list your family members that are involved in SPAYHA.

How do you feel you can contribute to SPAYHA as a board member?

(Strengths, experience with youth activities)

What are your goals and/or objectives for the future of SPAYHA?

Why are you interested in becoming a SPAYHA board member?

Board Member expectations:

Attend monthly board meetings (10 of 12)

Be an active Committee member and provide monthly progress reports

Subject to Background check

Signature _____

Date _____

Please return this form to the SPAYHA office by February 29th