



2023

GREATER BULLITT COUNTY YOUTH FOOTBALL LEAGUE  
NOMINATION FORM

I, \_\_\_\_\_ a member of the \_\_\_\_\_  
(Your Name) (Team District)  
nominates, \_\_\_\_\_ for the position of,  
(Nominees Name)  
\_\_\_\_\_ with the \_\_\_\_\_  
(Board Position) (Organization)

This nominee has: (Confirm by checking)  
\_\_\_\_\_ Been with the team for at least 1 season.  
\_\_\_\_\_ Is in good standing with the GBCYFL.

Nominator's email address \_\_\_\_\_

Nominator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY CURRENT DISTRICT BOARD MEMBER OR LEAGUE OFFICER**  
RECEIVED ON:  
Board Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Note:** This nomination form will only be accepted by a current board member or league officer from **Monday, October 10<sup>th</sup> to Saturday, October 21<sup>st</sup> at 4:00pm.** Nominations will not be accepted outside this time period. All nominations must be turned in and signed off on.

**NOMINATION PROCESS**

- Please review the Rules of Election prior to nomination

**Nominee:**  
Do you accept/decline the above nomination? Accepted Declined  
\_\_\_\_\_  
Nominee's Signature

**GBCYFL Official Use Only**  
Received by: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_