



OKANAGAN MAINLINE
AMATEUR HOCKEY ASSOCIATION

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EXECUTIVE LIST

AS SOON AS A NEW EXECUTIVE IS ELECTED (EVEN IF THERE IS NO CHANGE), PLEASE COMPLETE AND RETURN TO OMAHA CENTRAL OFFICE.

Date _____

Name of Association, Team or League: _____

Mailing Address: _____ Web site: _____

Telephone: _____ facsimile: _____ E-mail: _____

(For communication purposes, please indicate Mr. Mrs. Or Ms. and print clearly)

PRESIDENT: _____	SECRETARY: _____
ADDRESS: _____	ADDRESS: _____
TEL: _____ FAX: _____	TEL: _____ FAX: _____
EMAIL: _____	EMAIL: _____

1st VICE PRES.: _____	REGISTRAR: _____
ADDRESS: _____	ADDRESS: _____
TEL: _____ FAX: _____	TEL: _____ FAX: _____
EMAIL: _____	EMAIL: _____

ICE AMB/Administrator: _____	R. I. C.: _____
ADDRESS: _____	ADDRESS: _____
TEL: _____ FAX: _____	TEL: _____ FAX: _____
EMAIL: _____	EMAIL: _____

FEM HOCKEY DIR: _____	COACH COORD: _____
ADDRESS: _____	ADDRESS: _____
TEL: _____ FAX: _____	TEL: _____ FAX: _____
EMAIL: _____	EMAIL: _____

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