## OWATONNA YOUTH HOCKEY ASSOCIATION

## Board of Directors Intent Form Board Term: July 1, 2025 – June 30, 2028

| Name:  |
|--|
| Phone: Cell:   |
| E-Mail:  |
| Children Currently in Program (Age/Team)   |
|  |
| Prior Board Positions held with OYHA or Other Organizations  |
|  |
| What strengths/skill sets do you bring to  |
| the board?   |
|  |
| What are your reasons/goals for desiring a board position?   |
| What are your reasons goals for desiring a coura position.   |
|  |
| Other comments?  |
|  |
|  |
| By completing this application, I understand that OYHA is a working board and I will be expected to be on a minimum of three committees and attend all board meetings. |
| Furthermore, I understand the expectations set forth in the Owatonna Youth Hockey  |

Association Operating Guide, as published on www.owatonnahockey.com. Email this

form to Mary Kelvie at ovha.adm.director@gmail.com by April 14, 2025.