



BOWLS CANADA BOULINGRIN 2014 NOMINATION FORM

NOMINEE'S NAME:

_____ (Please Print)

ADDRESS:

TELEPHONE:

() _____

NOMINATED FOR:

_____ (Position)

I hereby agree to allow my name to stand for election to the position of:

_____ (Position)

_____ (Signature of Nominee)

QUALIFICATIONS:

NOMINATED BY:

Provincial Director: _____

Provincial Director Signature: _____

COMPLETE AND FORWARD TO:

Bowls Canada Boulingrin
207-720 Belfast Rd
Ottawa, Ontario
K1G 0Z5

ON OR BEFORE:

August 4th, 2014
