



OMAHA ASSOCIATION OF THE YEAR AWARD

Date: _____ Minor Hockey Association: _____
(y/y/m/m/d/d)

Address: _____
(Mailing address) (City) (Postal Code)

Contact: Tele/ Fax: _____ E-mail: _____

Please submit a concise summary of each of the criteria listed, along with a current copy of the Association's Policy, Constitution, By-Laws and Regulations.

Association application criteria:

1. Contribution to community.
2. Development and organization of minor hockey players
3. Recreation league structure.
4. Initiation program adoption and application.
5. Scholarship, tournaments and clinics offered members.
6. Future development. Give details on membership increased or decreases.
7. Communications. Mediums utilized to promote minor hockey and programs.
8. Educational programs for coaches and on ice officials.
9. Policies I place for addressing disputes, discipline and appeals at the local level.
10. Active implementation, participation and promotion in/of parent body (OMAHA, BCH & HC) programs.

APPLICATION DEADLINE IS MARCH 15, OF THE CURRENT SEASON.

Please submit all documents to OMAHA Central Office sewakelin@hotmail.com or #40-12560 Westside Road, Vernon, BC V1H 1S9 Fax: 250-503-5538