



PACIFIC COAST AMATEUR HOCKEY ASSOCIATION

CENTRAL OFFICE: #114 - 3993 HENNING DRIVE, BURNABY, B.C. V5C 6P7
TELEPHONE 604-205-9011. FAX 604-205-9016. WEB SITE <http://www.pcaha.bc.ca>

SERVING AMATEUR HOCKEY IN THE LOWER MAINLAND SINCE 1941

P.C.A.H.A. 2014 - 2015 BULLETIN #30

DATE: April 26th, 2015.
TO: The Presidents
PCAHA Member Associations/Leagues
FROM: Cindy Secord
PCAHA President
SUBJECT: **PCAHA Member Executive List - 2015-2016 Season.**

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Please find enclosed a copy of the PCAHA Member Executive List form. This form identifies the official mailing address, e-mail address, web site, and fax number for your Association as well as contact information for key members of your executive.

Please complete this form and return it to the PCAHA Office (fax number: 604-205-9016; e-mail: info@pcaha.bc.ca) as soon as possible. Subsequently, please update the form and resubmit it as changes occur and/or as vacant positions are filled.

This form will also provide the information for your Association/League's listing in the PCAHA Rulebook (see pages 17-26 of the 2014-2015 Rulebook). If any of the listed positions are currently vacant, such as Coaching Coordinator or Referee-in-Chief, please try to have these positions filled by not later than July 1st so that your Association's listing in the Rulebook can be as complete as possible.

Member Leagues: in lieu of the positions listed, please list the members of your League executive committee.

Thank you for your assistance.

Yours sincerely,

Cindy Secord
PCAHA President

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cc. Executive Committee
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PCAHA Member Executive List

Form125
Rev: April/11

NAME OF ASSOCIATION/LEAGUE:		
ASSOCIATION MAILING ADDRESS		
Address:		
City:		Postal Code:
Assoc. Fax Number:		Assoc. E-mail Address:
Assoc. Phone Number:		Assoc. Web Site:
PRESIDENT		
Name:		Phone:
Address:		Fax:
City:	Postal Code:	E-mail:
REGISTRAR		
Name:		Phone:
Address:		Fax:
City:	Postal Code:	E-mail:
COACHING COORDINATOR		
Name:		Phone:
Address:		Fax:
City:	Postal Code:	E-mail:
REFEREE-IN-CHIEF		
Name:		Phone:
Address:		Fax:
City:	Postal Code:	E-mail:
ICE SCHEDULER		
Name:		Phone:
Address:		Fax:
City:	Postal Code:	E-mail:
RISK MANAGER/SAFETY COORDINATOR		
Name:		Phone:
Address:		Fax:
City:	Postal Code:	E-mail:
TOURNAMENT DIRECTOR		
Name:		Phone:
Address:		Fax:
City:	Postal Code:	E-mail:
HOCKEY DIRECTOR/ADMINISTRATOR		
Name:		Phone:
Address:		Fax:
City:	Postal Code:	E-mail:

Please update the above information as changes occur and advise the PCAHA Office.