



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. 2009-2010 BULLETIN #29

DATE: May 2, 2010.
TO: The Presidents
PCAHA Member Associations/Leagues
FROM: David Buck
PCAHA President
SUBJECT: **PCAHA Member Executive List - 2010-2011 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.

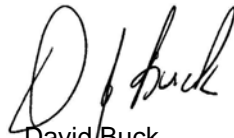
Please complete this form and return it to the PCAHA Office (fax number: 604-205-9016; e-mail: info@pcaha.bc.ca) as soon as possible. Subsequently, please update the form and resubmit it as changes occur and/or as vacant positions are filled.

This form will also provide the information for your Association/League's listing in the PCAHA Rulebook (see pages 16-25 of the 2009-2010 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,



David Buck
PCAHA President

/encl. (1)

cc. Executive Committee
files



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PCAHA Member Executive List

Form125
(Rev.: Apr/04)

NAME OF ASSOCIATION/LEAGUE:

<i>ASSOCIATION MAILING ADDRESS</i>	
Address:	
City:	Postal Code:
Assoc. Fax Number:	Assoc. E-mail Address:
Assoc. Phone Number:	Assoc. Web Site:

<i>PRESIDENT</i>		
Name:	Phone:	
Address:	Fax:	
City:	Postal Code:	E-mail:

<i>REGISTRAR</i>		
Name:	Phone:	
Address:	Fax:	
City:	Postal Code:	E-mail:

<i>COACHING COORDINATOR</i>		
Name:	Phone:	
Address:	Fax:	
City:	Postal Code:	E-mail:

<i>REFEREE-IN-CHIEF</i>		
Name:	Phone:	
Address:	Fax:	
City:	Postal Code:	E-mail:

<i>ICE SCHEDULER</i>		
Name:	Phone:	
Address:	Fax:	
City:	Postal Code:	E-mail:

<i>RISK MANAGER/SAFETY COORDINATOR</i>		
Name:	Phone:	
Address:	Fax:	
City:	Postal Code:	E-mail:

<i>TOURNAMENT DIRECTOR</i>		
Name:	Phone:	
Address:	Fax:	
City:	Postal Code:	E-mail:

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