

**EAST LONG BEACH PONY BASEBALL  
BOARD OF DIRECTORS  
OFFICIAL NOMINATION FORM**

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Available Positions to ELBPB members (these positions are all on the Board of Directors): All Board of Director's descriptions are available for review at [www.elbpony.org](http://www.elbpony.org) , under the Downloads tab. Read position description before applying.

**Executive Board (available to ELBPB members with minimum of one year Board of Directors experience)**

- President
- Vice President
- Secretary
- Treasurer
- Player Agent

**League Communications**

- Publicity Director
- Sponsorship Coordinator
- Auxiliary President

**Ballpark Operations**

- Field Director
- Snack Bar Director
- Member At Large – Ballpark Operations

**Baseball Operations**

- Tournament Director
- Statistician
- Chief Umpire
- Shetland/Rookie Director
- Pinto Director
- Mustang Director
- Bronco Director
- Fall Ball Director
- Equipment Director

***All applicants must be nominated by a current ELB parent or guardian of a registered player.***

<p>I, _____ a member of ELBPB league, nominate _____ to be considered as a candidate for the office of _____.</p> <p>_____ Signature of Nominator</p>
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TO BE COMPLETED BY NOMINEE

1. How long have you been a member of ELBPB? \_\_\_\_\_

2. What division and team are you associated with? \_\_\_\_\_

3. Have you ever served on the ELBPB board?       Yes    No    *Last Year Served* \_\_\_\_\_

4. Have you ever served any other youth organization?    Yes    No

*Organization:* \_\_\_\_\_ *Position:* \_\_\_\_\_ *Last Year Served* \_\_\_\_\_

5. Briefly describe why you would like to serve ELBPB.

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6. What experience or qualities do you have that make you a good candidate for the office you are seeking?

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9. Would you be interested in serving the league in a different position if this one is not available?  
 Yes    No    It depends on the position

Please list three references we may contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Nominees Email address: \_\_\_\_\_

Home Phone No: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone No: (\_\_\_\_\_) \_\_\_\_\_

Signature of nominee \_\_\_\_\_ Date \_\_\_\_\_

All nominees will be notified by the president of ELBPB as to the status of their nomination.	
<input type="checkbox"/> Approved	_____
<input type="checkbox"/> Denied	President