MWSA - BOARD OF DIRECTORS
NOMINATION FORM
PLEASE TYPE OR PRINT

Nomination Position:

New Nomination: ✓

Returning Director: _____ If yes, are you interested in the same position? ___ YES ___ NO

_____ President _____ Treasurer

_____ Vice-President

✓ Director ~~Type~~.

Nominee's Full Name: Tricia Klassen Member: yes

Address: 605 Ashburn St City: Wp. Province: MB

Telephone: (work) 256-2941 (res.) 417-2715 ~~(fax)~~ Cell. 225-0883 e-mail t.klassen@uwinnipeg.ca.

Area of Expertise: Sport & Fitness,

Consent by the Nominee:

I, (please print) Tricia Klassen, hereby allow my name to stand for nomination.

Tricia Klassen

Signature of Nominee

Nominated by:

Name of Individual : Tricia Klassen

Address: 605 Ashburn St City: Wpg Province: MB.

Telephone: (work) ~~256-0883~~ 256-2941 (res.) 417-2715 (fax) _____ e-mail t.klassen@uwinnipeg.ca.

Tricia Klassen

Signature of Nominator

Please return to:	**Nominations Committee** **c/o Manitoba Wheelchair Sport Association** **145 Pacific Ave** **Winnipeg, Manitoba** **R3B 2Z6**

For more information please contact MWSA at 925-5790 or email mwsa@sportmanitoba.ca.

Nominee Profile

Name: Tricia Klassen.

Volunteer Experience (past ten years)

Image Fitness Centre - Cardio Circuit (Annual Special Event)
Wolseley School Special Events last 3 years.

Skills

Certified Fitness Instructor 24 years
Certified Personal Trainer 10 years

Education

U of M Rec Studies Degree 1990.

Work Experience

Technical Director MWSA 1990-2000
Executive Director MWSA 2001 - 2005
Fitness Center Manager U of M. 2008 - Present.

Additional info:

This nominee profile must be returned by Monday June 9, 2014.