



REQUEST FOR PRACTICAL UMPIRES TEST

Applicants Name: _____

Applicants INFQ Affiliated Centre: _____

Requested Test Date: ____ / ____ / ____ Event: Super league / Zones (please circle)

Applicants Current Level: _____

Has the Applicant got an In House Level YES/NO

Has Applicant Completed the Theory A Exam (please circle) YES / NO

If yes, please provide date of Exam ____ / ____ / ____ and result _____ %

Has Applicant Completed Umpires Course (please circle correct response) YES / NO

If yes please provide date of course ____ / ____ / ____ and location _____.

(if available please attach copy of the course certificate of attendance)

Applicants Signature _____ Dated: ____ / ____ / ____

Centre Manager Signature _____ Dated: ____ / ____ / ____

Form should be completed and sent to the Operations Manager at Indoor Netball Federation of Queensland tracey@infq.com.au At least 2 weeks (14 days) prior to requested testing date.

For INFQ Use Only

Exam result confirmed YES / NO

Official Signature: _____ Dated: ____ / ____ / ____

Tester/s Allocated: _____ / _____

Results recorded on Umpires Master Spreadsheet:

Dated: ____ / ____ / ____ Signed off by: _____