

**BC Netball Association**

**Application Form for Umpiring Certification**

**Name:** \_\_\_\_\_

**Address:**

House #: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Postal code: \_\_\_\_\_

**Telephone:** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell): \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Club:** \_\_\_\_\_

**Current Level:**            Theory \_\_\_\_\_  
   Practical \_\_\_\_\_

**Request to be tested at level (circle one):**    Beginner            Intermediate            Advanced

**Date of the clinic you attended:** \_\_\_\_\_

**Recommended for testing by: (Signature)**

Ann Willcocks \_\_\_\_\_ Sandra Flower \_\_\_\_\_

**Fee enclosed:** Cheque \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_

**Receipt issued: #** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please submit this form to Shawnette Cockburn, Director of Umpiring - BCNA Board of Directors: [shawnettecockburn@shaw.ca](mailto:shawnettecockburn@shaw.ca)