

# ASSOCIATION PRACTICAL TESTING APPLICATION FORM

ASSOCIATION DETAILS			
Association:			
Testing Coordinator:			
Address:			
Suburb:		Postcode	
Home Phone:		Work/Mobile:	
Email:			
TESTING PANEL DETAILS			
Tester 1:		Badge (please circle):	<b>A / B</b>
Tester 2:		Badge (please circle):	<b>C</b>
Cadet:		Badge (please circle):	<b>B / C</b>
Match Grade:		Proposed Testing Date:	
CANDIDATE DETAILS			
Name:			
Address:			
Suburb:		Postcode:	
Home Phone:		Work/Mobile:	
Email:			
Date of Birth:	/ /	Current Badge:	<b>Unbadged / C</b>
Rules of Netball Exam:	Mark: %	Date Completed:	/ /
Foundation Umpire Course:		Date Completed:	/ /
Registered Member of Coaches & Umpires Association:	YES / NO		
Candidate Signature:			Date:

**Please submit the application form to Netball SA a minimum of two (2) weeks prior to the allocated testing date:**

Netball SA Officiating Department  
 Netball SA  
 PO Box 2082  
 Hilton Plaza SA 5033  
 F: (08) 8238 0555  
 E: [umpiring@netballsa.asn.au](mailto:umpiring@netballsa.asn.au)