

APPLICATION TO SIT TECHNICAL ASSESSMENT

Timekeeper

Name					Club:			
Addre	ess:							
Phone Number:			Email:					
			ence at Club	level before ap	plying for Re	egional assessr	ment. Rule B	Book
Exper	ience certif	ied by _		Signature		Name	_	
	ming Manaw ur Club.	atu Officials	shirts are av	ailable to purch	ase at a cos	st of \$10, which	will be invoid	ced
-	equired	8 10 12	_adies	20 22 24	S M L	Men's XL 2XL 3XL	5XL	
May o				atu Fixtures with a clip-board and			one to one b	asis
	owledge tha	t if I meet th	e requiremer	nts to become a	regionally o	qualified official	the following	ı will
-	l will wear Regional F		ıg Manawatu	ı or white top v	vith black o	r navy bottom	s to officiate	e at
-	•	ind phone n at Regional	•	pear on the Off	icials list and	d I accept that I	will be requi	red
-	My email a purposes	ddress will b	oe held by the	e Regional Adm	inistration to	use for comm	unication	
-				e included in the		ntact details on	the Swimmin	ng
Signe	d:							
Date:								