



Umpire 's Nomination Form

To be returned via email by Thursday 8th February 2018 to:

Local Organising Committee: ignacio@ittfoceania.com

Referee: bundytt@bigpond.com

National Association submitting nomination: _____

Name of official submitting nomination: _____

Position in Association: _____

Telephone: _____ Fax: _____

E-mail: _____ Signature: _____

Nominated Umpire 1

Mr Mrs Ms Other Please state: _____

First Name: _____ Family Name: _____

IU-Number: _____ IU

Regional Umpire Oceania Umpire

Training in racket testing Yes No

Nominated Umpire 2

Mr Mrs Ms Other Please state: _____

First Name: _____ Family Name: _____

IU-Number: _____ IU

Regional Umpire Oceania Umpire

Training in racket testing Yes No