



## **Umpire's Nomination Form**

To be returned by <u>September 1<sup>st</sup> 2017</u> to:

Belgian Paralympic Table Tennis Foundation belgianttopen@gmail.com

Association submitting nomin	ation:					
Name of official submitting nomination:						
Position in Association:						
Telephone:		Fax:				
E-mail:		Signature:				
Nominated Umpire 1:  Mr	Other	Please state:				
First Name:		Family Name:				
IU-Number:		IU: Blue Badge				
IU: Blue Badge in progress		IU: White Badge				
Training in racket testing	Yes	No 🗆				
Nominated Umpire 2: Mr	Other	Please state:				
First Name:		Family Name:				
IU-Number:		IU: Blue Badge				
IU: Blue Badge in progress		IU: White Badge				
Training in racket testing	Yes 🗌	No 🗆				





Nominated Umpire 3:  Mr	Other	Please state:	
First Name:		Family Name:	
IU-Number:		IU: Blue Badge	
IU: Blue Badge in progress		IU: White Badge	
Training in racket testing	Yes 🗌	No 🗌	
Nominated Umpire 4: Mr	Other	Please state:	
First Name:		Family Name:	
IU-Number:		IU: Blue Badge	
IU: Blue Badge in progress		IU: White Badge	
Training in racket testing	Yes	No 🗆	
Nominated Umpire 5:  Mr	Othe	Please state:	
Mr  Mrs  Ms			
Mr Mrs Ms		Family Name:	
Mr Mrs Ms  First Name:  IU-Number:		Family Name:	
Mr Mrs Ms  First Name:  IU-Number:  IU: Blue Badge in progress		Family Name:  IU: Blue Badge  IU: White Badge  No	
Mr	Yes Other	Family Name:  IU: Blue Badge  IU: White Badge  No	
Mr	Yes Other	Family Name:  IU: Blue Badge  IU: White Badge  No  Please state:	
Mr	Yes Other	Family Name:  IU: Blue Badge  IU: White Badge  No  Please state:  Family Name:	