

Officials Reaccreditation Application

Reaccreditation as a National Umpire, Marker or Measurer



BOWLS
NEW SOUTH WALES

Return all correspondence to umpires@bowlsnsw.com.au

Applicant Details

Applicant Name			
Address			
NIN		Date:	
Contact Phone			
Email Address			
Club			
Zone or District			

Reaccreditation Required

<input type="checkbox"/> Marker (\$15)	<input type="checkbox"/> Measurer (\$15)
<input type="checkbox"/> National Umpire (\$20)	Accreditation Expiry Date:

Resources

To successfully complete reaccreditation participants require a current Law Book. You can also update your manual. These resources can be purchased online through [ibowl- \[www.ibowlonline.com.au/rules_and_coaching_manuals\]\(http://ibowl-ibowlonline.com.au/rules_and_coaching_manuals\)](http://ibowl-ibowlonline.com.au/rules_and_coaching_manuals)

Participants must also read through the Officials Code of Behavior -

https://bowlsnsw.com.au/wp-content/uploads/2022/07/Umpire_Officials_CodeofBehaviour2021.pdf

Please tick to indicate you have read the Officials Code of Behaviour

Payment

Please accept my payment amount of

Credit Card Type

Name on Card

Card Number

Card Expiry

CVV

Direct Deposit: *(Use UMP and your surname as reference, include receipt with application)*

BSB: 633-000 Acc: 184 970 200 (Bowls NSW Ltd)

Bowls NSW does **NOT** accept payments by cheque

Signed:

Dated:

Club Endorsement

I confirm that the umpire named above has been actively umpiring at our club. They are well respected at our club and someone who performs the role of National Umpire/Marker/Measurer. They have completed the approximate number of hours shown officiating at our club over the past four years.

We are happy to have them achieve their reaccreditation and to support their application as required. We have no reservations about the suitability of the applicant for which the application is made. The Club will continue to offer the applicant an equitable share of future available officiating work to assist with reaccreditation every four years.

Number of Hours Officiating:

Name:

Position:

Signature:

Date: