



Form 3

REFEREE STANDING COMMITTEE APPLICATION

Zone (tick)

Southern

Central

Northern

APPLICANT FOR REFEREE STANDING COMMITTEE DETAILS

Name

.....
.....

Residential Address in Zone

.....

Email address:

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.....

I confirm that I am an Accredited Referee or I am a parent or guardian of a registered Accredited referee who is under 18 years of age.

Applicant Signature:Date: / /

Applicant must be 18 years of age. There is a minimum of 1 member per zone and maximum of 3 members per zone. Appointments to Referees Standing Committee must be an Accredited Referee or a parent or guardian of an Accredited Referee from that zone.

APPLICANTS PROPOSERS

Require two Accredited Referees (which includes parents or guardians of Accredited Referee under 18 years of age).

Name of Accredited Referees

1.....

Signature of AR 1 Date: / /

Name of Accredited Referees

2.....

Signature of AR 2..... Date: / /

ELECTORAL RETURNING OFFICER ELECTION CONFIRMATION

The Electoral Returning Officer (ERO) confirms the Applicant was elected to the Referee Standing Committee.

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..... / /

Signature of ERO

Name of ERO

Date of Election: / /