

General Information	
Last Name:	First Name:
City:	
Phone #:	
Alternative Phone #:	
E-mail:	
Mailing Address:	
City:	
Postal code:	



BRITISH COLUMBIA
WATER POLO
 ASSOCIATION

When did you start to refereeing? Year: _____

Certification level?

International, Fina	<input type="checkbox"/>		
	A	B	C
National	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provincial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional		<input type="checkbox"/>	

When did you get your level? Year: _____

Please print clearly!

If you are Provincial level referee in the old system, you have automatically the Provincial A level in the new system!

Thank You for your cooperation!

Highest level of course taken?

Regional	<input type="checkbox"/>	Provincial	<input type="checkbox"/>
National	<input type="checkbox"/>	Fina	<input type="checkbox"/>

When did you take the course? Year: _____

Are you an evaluator? Yes No

If Yes, which level? International
 National
 Provincial

You are an active player or Coach? Yes No

If Yes, Club Affiliation? _____

Do you need transportation? (for local tourney) Yes No

Signature: _____

Date: _____