



NETBALL NEW ZEALAND
Poitara-whiti Aotearoa

NEW ZEALAND UMPIRE THEORY EXAMINATION

Supervisor Notification & Venue Form



NETBALL NEW ZEALAND
Poitara-whiti Aotearoa

Region _____

Supervisors Name	Mailing Address (Including Post Code)	Phone Number (Including Area Code)	Email	Venue and Address of Exam	Names of Candidates sitting exam at this venue	Total number of candidates sitting exam at this venue
1.						
2						
3.						
4.						

--	--	--	--	--	--	--

I consent to the above information being collected and held by Netball New Zealand and distributed for the purposes of administering Netball New Zealand. I acknowledge my right to have access to and correct the above information. This consent is given under the 1993 Privacy Act.

Signed: _____ **Regional Position:** _____

____**Date:**_____

Please return this form with all of the exam applications (1 month prior to the exam date) to Netball New Zealand, Fax: 09 623 5777, Email: marciab@netballnz.co.nz or P.O.Box 99710, Newmarket 1149. NB: Please ensure all fields are completed correctly and clearly & written in block.