



GOSFORD NETBALL ASSOCIATION INC.

SCREENING REQUEST

Name: _____

Club: _____

Award to be screened for (please tick)

White

Gosford

National

Date	Game	Trainer	Comments

Convenor Comments:

Umpires Convenor: _____ Date: _____

NOTE: Umpires Convenor must sign this form to indicate that the candidate is ready for screening and has been trained. No candidate will be screened without this form for any award.

GNA Umpire Convenor/Committee Use:

Date received: _____

Assessment scheduled (date, game, etc): _____

Assessor Name: _____ Date Assessed: _____

Award Achieved: _____ GNA Records Updated: _____