



# MATCH OFFICIAL

FORM BBNLSC/PC03



GLUE  
PASSPORT IN BB UNIFORM

Please PRINT using a black or blue ball point pen. PLEASE COMPLETE ALL SECTIONS

## APPLICANT DETAILS

1 NAME OF PLAYER (Surname, First name, Middle name)

2 COMPANY

3 CHURCH

4 DATE OF BIRTH  /  /   
D D M M Y E A R

5 RANK OF PLAYER

6 STATE MEMBERSHIP NUMBER (SMN) OF PLAYER  
 /  /

7 YEAR OF JOINING THE COMPANY

8 YEAR OF LAST PROMOTION (if any)

9 PHONE NUMBER

10 EMAIL

11 EMERGENCY CONTACT

Name:

PHONE #

## PARENT INFORMATION (Under 18 only)

12 TITLE MR.  MRS  others

13 NAME

14 PHONE #

15 EMAIL

## REGISTRATION DETAILS

16 REGISTERING TO OFFICIATE AS?

17 I have an existing licence as an Official Yes  No

## SCHOOL DETAILS

18 Are you a student? Yes  No

19 If Yes, please provide name of school

20 Do you play for the School Team? Yes  No

## SIGNING

The applicant as listed above apply to the BBNLSC Football Technical Committee to be registered as a MATCH OFFICIAL.

By signing this Form, the applicant (or if the player is under 18 years of age at the time of signing this form, that applicant's parent or guardian) understands and agrees to comply with the terms (as specified overleaf) and other documents and spectator code of behaviour.

/  /   
SIGNATURE OF APPLICANT/PARENT/GUARDIAN DATE

/  /   
NAME & SIGNATURE OF BATTALION SECRETARY DATE

/  /   
NAME & SIGNATURE OF BATTALION CHAIRMAN DATE

## FOR COMPETITION ADMINISTRATOR OFFICIAL USE ONLY

DATE RECEIVED:  /  /  PLAYER VERIFIED BY:

APPROVED BY:  VERIFICATION: (List)