



Request for Observational Assignment

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Name of Proposed Observer:

E-Mail:

Address:

City: State: Zip:

Phone:

Regional Club Affiliations, if any:

Request to Observe a (select one): Water Test Draft Test DDX Draft Test

Location of Test: Date of Test:

Club hosting test:

This form must be received 30 days before the test that you are applying to observe.

This application form must not be completed and the required signatures obtained until the club has received official approval for its test from the WDC.

Applicant's Signature: _____ Date: _____

Test Chair's Name (Print):

Test Chair's Signature: _____ Date: _____

Email Address:

Test Secretary Name: Email:

Judges Name (Print):

Email Address:

Judges Name (Print):

Email Address:

This form must be received 30 days before the test that you are applying to observe.

Please send to:

John Jackman

219 El Paso Ln, Carol Stream IL 60188; TSJJDJ@comcast.net