

Request for Observational Assignment

Name of Proposed Observer: _____

e-mail _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Regional Club Affiliations, if any: _____

Request to Observe a (circle one): ___ Water Test ___ 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.

*Please send to:
Barbara Frey
11120 Broadway St
Alden, NY 14004-9515*

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) : _____

Email address: _____

Test Chair's Signature: _____ Date: _____

Judges Name (Print): _____

Judges Signature: _____ Date: _____

Email address: _____

Judges Name (Print): _____

Judges Signature: _____ Date: _____

Email address: _____