



APPLICATION FOR REFEREE TRAINING

APPLICANT DETAILS

Surname _____ Given Name _____

Address _____

Suburb _____ Post Code _____

Year of Birth _____ Phone No: _____

Email Address _____

Croquet Club _____ Playing Experience _____ years
(for required code)

Please tick which code you are applying training for:

Forward this application to the relevant State Coordinator of Referees for required code.

Association Croquet

acreferees@croquetvic.asn.au

Golf Croquet

jvandertouw@croquetvic.asn.au

Ricochet Croquet

ricochet@croquetvic.asn.au

Gateball

gateball@croquetvic.asn.au

Information relevant to the process to be trained as a referee in each of the above codes is available from the refereeing page of the Croquet Victoria webpage.

[Association Croquet Referee Accreditation.pdf \(croquetvic.asn.au\)](#)

[Golf Croquet Referee Accreditation.pdf \(croquetvic.asn.au\)](#)

[Gateball Referee Accreditation.pdf \(croquetvic.asn.au\)](#)