REQUEST FOR UPGRADING FOR LEVEL 4 AND 5. Please circle level.

Name (Print):			AC #:
Address:			Tel (H):
City/Prove:			Fax:
Postal Code:			E-Mail:
Level Requested:			Discipline:
Month/Year grant	ed previous level:	/ 20	
Previous Mentors	::		
1. Name:		Branch:	
2. Name: _		Branch:	
Clinic / Seminar	Location:		Month/Year:
Clinician's Name	:		
Assignment:	Mark:	_ (S atisfactory/ U nsatisfac	tory) Pleas circle answer.
Mentors for this	Upgrading request:		
1. Name:		Branch:	
2. Name:		Branch:	

This application, once completely processed by the Branch Officials' Chair, must be forwarded to the NOC Vice-Chair: Upgrading and Directory for presentation to the NOC Spring or Fall meeting.

Deadline Dates: Spring Upgrade Deadline: March 31, current year Fall Upgrade Deadline: September 30, current year

LIST OF CREDITS FOR UPGRADING:

NOTE: This form must accompany Upgrading Request plus meet record cards or photocopy of meet record cards. Please make sure meet record cards are signed.

Credit Typeindicate whether meet was (I) Indoor or (O) Outdoor
Enter number of credits under correct column for Provincial (P), National (N) etc.AssignmentIndicate the type of event, e.g. VJK, HJ, T and tick the correct column for
position, e.g. Chief (C), Section Head (SH) etc.

Name Dat of Meet y/m/c	Date y/m/d	te Location	Credit Type			Assignment						
			I/O	Р	N	NC	Event	С	AC	SH	R	AR
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Total all Columns												

P: Provincial N

N: National

NC: National Championship R: Referee

C: Chief AC: Asst. Chief SH: Section Head AR: Assistant Referee