



EUROPEAN BILLIARDS & SNOOKER ASSOCIATION

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EXAMINATION REPORT

Name of Examiner: _____ Examiner Number: _____

Date of examination: _____ Examination: Snooker Billiards

Location: _____

1. DETAILS OF CANDIDATE

First Name: _____ Last Name: _____

Address: _____ Date of Birth: _____

Country: _____ Post Code: _____

Email Address: _____ Telephone: _____

Details of certificates already held: Billiards class: _____ valid until: _____

Snooker class: _____ valid until: _____

2. EXAMINERS ASSESSMENT

		Very Good	Good	Sufficient	Insufficient
a.	Appearance				
b.	Match Preparation				
c.	Positional Sense				
d.	Rule Application				
e.	Knowledge of Current Rules				
f.	Audibility				
g.	General Demeanour/Conduct				
h.	Confidence in Making Decisions				
		SUBJECT	CLASS	PASS	FAIL
3. EXAMINATION RESULT		SNOOKER			
		BILLIARDS			

Examiner's/Tutor's signature

Examiner's/Tutor's signature:

Examiner's/Tutor's signature

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National associations should ensure a copy of this form is sent to the EBSA Referees Sub- Committee

Chairman: Peter Thomas welrefasoc@aol.com

as soon as possible, irrespective of the examination outcome

EBSA Referees Sub- Committee: Chairman Peter Thomas

Members, Wiktoria Jędruszek, Eva Poskočilová, Vadim Krivda, Glen Sullivan-Bisset, Neil Shanahan