



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				

3. EXAMINATION RESULT

SUBJECT	CLASS	PASS	FAIL
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 as soon as possible, irrespective of the examination outcome

EBSA Referees Sub-Committee-Chairman:

Simon Smith (simon@icuesports.com)

Members:

Wiktoria Jędruszek, Eva Poskočilová, Vadim Krivda, Glen Sullivan-Bisset, Ingo Schmidt, Laszlo Bekk

