FITNESS TEST SUBMISSION FORM

Date of test:
Time of test:
Location of test:
Weather conditions:
Name of Test Observer:

First Name	Last Name	Age	Class	District	Date of Test	12 minutes	50 m	200 m	50 m	200 m

This form must be submitted to District Referee Association Representative who must forward it to the Referee Development Officer
ref.coordinator@ns.sympatico.ca