



LEVEL 2 TABLE OFFICIAL AWARD GAME ASSESSMENT FORM

Candidate Name:		Date of Birth:	/ /
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The following criteria must be met:

- Assessed by a **licenced Level 3 Table Official or above**
- A **full regulation game**
- Use of the **running scoresheet only**

Scorer	
Competition:	Date:
Home Team:	Away Team:
Feedback:	
Level 3 Table Official or above Name:	
Signature:	Licence No.:

Timer	
Competition:	Date:
Home Team:	Away Team:
Feedback:	
Level 3 Table Official or above Name:	
Signature:	Licence No.:

Scorer	
Competition:	Date:
Home Team:	Away Team:
Feedback:	
Level 3 Table Official or above Name:	
Signature:	Licence No.:

Timer	
Competition:	Date:
Home Team:	Away Team:
Feedback:	
Level 3 Table Official or above Name:	
Signature:	Licence No.:

Candidates have up to **12 months** to complete and submit this game assessment form [here](#)