

Council of Australian Baseball Scorers

POLICY and PROCEDURES MANUAL

SECTION 5

Forms

Index

- ✓ Application for Membership
- ✓ Application for Accreditation
- ✓ Application for Fast Tracking - Levels 1 / 2
- ✓ Accreditation Coordinator
- ✓ Scoring Panel
- ✓ Clinic Attendance Form



Australian Baseball Federation A.B.N. 18 610 026 404
COUNCIL OF AUSTRALIAN BASEBALL SCORERS
APPLICATION FOR MEMBERSHIP



- ❖ Membership fee - \$5.00 (if unpaid) payable with return of completed form (please make cheque(s) payable to **Australian Baseball Federation**.)
- ❖ Note – Fees inclusive of GST ; this form is a **TAX INVOICE**
- ❖ Please return completed form to :- **Council of Australian Baseball Scorers**
11 Monterey Street WACOL QLD 4076

Privacy Statement - Information on this form is entered onto the Australian Baseball Federation (ABF) database of registered coaches or officials. Database information is passed on to relevant State Associations. Coaches or officials may, from time to time be sent relevant up-to-date information and may be contacted by the ABF. Your information will not be used or disclosed except in accordance with the provisions of the Privacy Act 1988.

NAME

ADDRESS

POSTCODE STATE

E-MAIL TELEPHONE

SIGNATURE DATE / /

STATE ASSOCIATION COMPLETION ONLY

COMMENTS

.....

.....

(if further area is required please attach separate sheet)

Signature Date / /

(Nominated Authorized Person)

CABS Use only

ACCEPTED PAID

Comments

.....

.....

CABS COORDINATOR

COUNCIL OF AUSTRALIAN BASEBALL SCORERS

Australian Baseball Federation A.B.N. 18 610 026 404

APPLICATION FOR ACCREDITATION

NOTE – to sit for an accreditation examination you must be a Member of CABS.

- ❖ Application fee of \$5.00 and Membership fee of \$5.00 (if unpaid) payable with return of completed form (please make cheque(s) payable to **Australian Baseball Federation**.)
- ❖ Note – Fees inclusive of GST ; this form is a **TAX INVOICE**

Please complete the above information and forward to the CABS Coordinator at 11 Monterey Street WACOL QLD 4076 or paula.kenning@gmail.com as soon as possible. Note – if applying for an Accreditation Exam this form must be to the CABS Coordinator 14 (fourteen) days prior to the requested exam date.

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NAMECABS Member #

ADDRESS

POSTCODE STATE

E-MAIL TELEPHONE

SIGNATURE DATE / /

STATE ASSOCIATION COMPLETION ONLY

Current National Level Obtained / /

National Level Sitting 1 2 IT 3 4 4IT (circle Level sitting)

Please refer to Section 2 – Accreditation Standards of the CABS Policy & Procedures Manual for full details

COMMENTS

.....

(if further area is required please attach separate sheet)

Signature Date / /

(Nominated Authorized Person)

CABS Use only

YES - LEVEL Percentage%

Comments NO Percentage%

.....

.....

Technical Commissioner


COUNCIL OF AUSTRALIAN BASEBALL SCORERS
 Australian Baseball Federation A.B.N. 18 610 026 404
APPLICATION FOR FAST-TRACKING ACCREDITATION
LEVEL 1 / 2

NOTE – to sit for an accreditation examination you must be a Member of CABS

- ❖ Application fee of \$5.00 payable with return of completed form (please make cheque(s) payable to **Australian Baseball Federation**).
- ❖ Note – Fee inclusive of GST; this form is a **TAX INVOICE**
Please return completed form to :-

Council of Australian Baseball Scorers
11 Monterey Street WACOL QLD 4076

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NAMECABS Member #

ADDRESS.....

..... POSTCODE STATE

E-MAILTELEPHONE

CURRENT NATIONAL LEVEL OF ACCREDITATION - None / 1
(circle)

SIGNATURE DATE / /

STATE ASSOCIATION COMPLETION ONLY

ATTACH to APPLICATION FORM

- ** **Completed Checklist for Level 1 / 2** (circle) Yes
- ** **Completed Log Book** Yes
- ** **Detailed resume on scoring background** Yes

COMMENTS

(if further area is required please attach separate sheet)

Signature Date / /
(Nominated Authorized Person)

CABS Use only

- YES - Competency Obtained LEVEL 1 / 2 awarded
- NO - Has not reached Competency

Date

Technical Commissioner / Rep
(print name)

.....
(signature)



NOMINATION FORM

ACCREDITATION COORDINATOR

AUSTRALIAN BASEBALL

NAMECABS Member #

ADDRESS

TELEPHONE E-MAIL

CURRENT STATE LEVEL OF ACCREDITATION Obtained / /

SIGNATURE DATE / /

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STATE / TERRITORY SCORING ORGANISATION'S ENDORSEMENT

NAME
(please provide full name of organization)

ADDRESS

TELEPHONE E-MAIL

REASON FOR RECOMMENDATION

.....

.....

.....

PRESIDENT / DIRECTOR OF SCORING
(PLEASE PRINT NAME)

SIGNATURE DATE / /

Council of Australian Baseball Scorers

Australian Baseball Federation A.B.N. 18 610 026 404
Coordinator – Paula Kenning, 11 Monterey Street WACOL QLD 4076
Telephone 0414 644 971 Email paula.kenning@gmail.com

SCORING PANEL

National Championships – Closing Date 31st August (of year preceding tournament)

CHAMPIONSHIP AAA / AA / A / Claxton Shield / Provincial / Women's
(please circle event applying for)

NAMECABS Member #

ADDRESS

TELEPHONE E-MAIL

CURRENT NATIONAL LEVEL OF ACCREDITATION - Level

SIGNATURE DATE / /

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STATE / TERRITORY SCORING ORGANISATION'S ENDORSEMENT

NAME
(please provide full name of organization)

ADDRESS

TELEPHONE E-MAIL

COMMENTS.....

PRESIDENT / DIRECTOR OF SCORING
(PLEASE PRINT NAME)

SIGNATURE DATE / /

