



# ONTARIO TABLE TENNIS ASSOCIATION

## Umpire Clinic – Club Umpire or Provincial Level

Do you want to be a certified umpire and help out with the sport?

OTTA is inviting you to learn the rules of table tennis, and take on the career and challenge of an umpire. Juniors are encouraged (those selected for the Nationals are required) to have club umpire certification as part of their sport development.

Date: Saturday October 17, 2009

Entry Deadline: Monday October 12, 2009

Time: 9:00a.m. To 1:00p.m.

Venue: Sport Alliance Building  
1185 Eglinton Avenue East,  
North York, Ontario

Facilitator: Norman Tang - International Umpire Blue Badge & International Referee

Content: Participants will learn the current rules and regulations of table tennis. You are encouraged to study prior to the clinic Chapter 2, The Laws of Table Tennis which can be downloaded from the ITTF website [http://www.ittf.com/itf\\_handbook/itf\\_hb.html](http://www.ittf.com/itf_handbook/itf_hb.html). Please print and bring to the clinic this chapter along with your own pen or pencil which you will need for the open-book examination towards the end of the clinic. The examination will consist of “multiple choices” and “true or false” type of questions.

**PLEASE NOTE CLINIC WILL BE CANCELLED IF THERE ARE LESS THAN 6 ENTRIES!!!**

Fee: \$25 for adult members    \$15 for junior members (under 18)    \$40 for Non OTTA members  
\$50 for Provincial Level Exam (must be qualified and must be OTTA member!!!)

Enquiry: Please contact [jowaldner@direct.ca](mailto:jowaldner@direct.ca) for more detailed information;

Please send your entry with payment to: 2009 Fall Umpire Clinic, 381 Becker Road, Richmond Hill,  
Ontario L4C 2S3

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**Umpire Clinic** (please choose one)     Club Level    or     Provincial Level (if qualified)

Name: \_\_\_\_\_ OTTA#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax/Email: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ (Please make your cheque payable to “OTTA”.)

I wish to register in this umpire clinic and hereby agree to assume complete responsibility for any injury and/or property loss which I may incur arising from my participation in this clinic.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent for junior under 18)