



# Ball Test Request Form

Fill out relevant fields and include this sheet with shipment.

## Test Designation

Certification Test (BCT)    Compression Test (COMP)    COR Test (COR)    Dynamic Stiffness (DYN)    Other: \_\_\_\_\_

## Enclosed Balls

*Lab Use Only*

Quantity	Model	Manufacturer	To be Returned?	PO #	Test(s) Requested (enter designation)	Inv. #s	Hum Start	Comp Date	Test Date

Attach additional sheets if more space is needed.

Please provide return shipping information below.

Recipient:	Daytime Phone:
Company:	Fax:
Street:	E Mail:
City/State/Zip:	

Please ship all packages to:

Sports Science Laboratory  
 Washington State University  
 201 Sloan Spokane Street  
 Pullman, WA 99164

For questions or concerns, please contact Dr. Lloyd Smith at (509) 335-3221 or lvsmith@wsu.edu

*Lab Use Only*

Received:	Notes:
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