



# Eswatini Swimming Association

P.O.Box 388, Gables, Ezulwini

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## Eswatini Swimming Association Club Registration

Name of Club/Educational Institution:	
Physical Address:	
Postal Address :	
Email :	
Tel no.	Cell no:
Contact Name:	Position :

### Club Coaches

<u>Name</u>	<u>Position (LTS, senior coach, assistant)</u>

### Club Officials

<u>Name</u>	<u>Position (e.g time keeper, referee, )</u>

**Club Details**

<b><u>Training days :</u></b>			
<b><u>Training times:</u></b>			
<b><u>Approximate numbers</u></b>	<b><u>Senior male 18+</u></b>	<b><u>Junior male 13-17</u></b>	<b><u>Boys u13</u></b>
	<b><u>Senior female 18+</u></b>	<b><u>Junior female 13-17</u></b>	<b><u>Girls u13</u></b>

I the undersigned agree to abide by the constitution and bye laws of the Eswatini Swimming Association.

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

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

Headmaster/Club chairman

<b><u>FOR OFFICE USE ONLY</u></b>
Membership Fee : E300.00 pa
Receipts number :
Date :
Official Signature :