



Eswatini Swimming Association

P.O.Box 388, Gables, Ezulwini
 Telephone :76559386
 Email : swimswazi@realnet.co.sz

Eswatini Swimming Association Coaches Registration

Complete ALL sections in block capitals and tick boxes where appropriate

SURNAME			
NAME			
POSTAL ADDRESS			
POSTAL CODE			
EMAIL ADDRESS			
TEL NO.		CELL NO.	
DATE OF BIRTH:			SEX M F
NATIONALITY:	ID NUMBER:		
PASSPORT/ TRAVEL DOCUMENT	DATE OF EXPIRY		

Physical Address of Where you coach

Venue Name	
Physical Address	
Postal Address	

CLUB/SCHOOL CONTACT PERSON			
SURNAME		NAME	
TEL NO		FAX	
CELL NO		CELL NO	
EMAIL			

LEVEL OF COACH

Learn to Swim _____
 Intermediate _____
 International _____

Coach Information (Please List your experience as a coach and all certified course undertaken as a Coach/Administrator

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NB. Copies of certificates & supporting documents for above qualifications must be submitted with the form to ESA

Signed Coach

Date _____

<u>FOR OFFICE USE ONLY</u>

Membership Fee : E100.00 pa

Receipts number :

Date :

Official Signature :
