



WESTERN PROVINCE ATHLETICS

COACHES REGISTRATION FORM

Please return this form to:
 Western Province Athletics
 Vygieskraal Stadium
 Johnson Road
 Athlone
 Email: office@wpathletics.co.za
 Fax: 021 699 0612

PLEASE PRINT CLEARLY AND COMPLETE APPLICATION IN FULL.

PERSONAL DETAILS												
Surname:												
First name/s:												
ID No/Passport No:												
Date of Birth:	y	y	y	y	/	m	m	/	d	d		
Home Language:												
Gender:	Male:		(Please tick one)	Female:								
CONTACT DETAILS												
Residential Address:	Street:											
	Suburb:											
	Town:											
	Postal Code:											
Postal Address:												
	Postal Code:											
Home tel number:	Area code:					No:						
Work tel number:	Area code:					No:						
Fax number:	Area code:					No:						
Mobile number:												
Email address:												

COACHING QUALIFICATIONS			
INSTITUTION	LEVEL	TYPE OF COURSE	DATE
IAAF:			
ASA:			

PROVINCIAL:			
OTHER:			
CURRENT AFFILIATIONS			
Currently Active:	Yes:		No:
How many years have you been coaching:			
Coaching location/venue:			
If Yes above, please indicate your affiliation below:			
AFFILIATION		NAME OF INSTITUTION/CLUB, etc	
Federation:			
Licence No:			
Club:			
Are you employed by your club:			
Educational Institution:			
School:			
Disabled:			
Other:			
CURRENT ATHLETES COACHED			
NAME & SURNAME	AGE	EVENTS	