

22 October 2009

ATT: ASWD COACHES / TECHNICAL OFFICIALS

RE: ACCREDITATION 2010

Dear Sir or Madam

On behalf of Athletics South Africa (ASA) I invite you to apply for accreditation with ASWD for the 2010 season. Only Coaches and Technical Officials who are qualified **ASA Level 1 or 2** may apply for ASWD accreditation. The validity of your accreditation is subject to you being in possession of a 2010 permanent license number from your club.

The affiliation fee for 2010 will be **R100.00 & 2 ID photo's**. Accredited Coaches and Technical Officials will receive a T-Shirt, 2010 accreditation card (that gives the bearer access to all ASA competitions) and a duty card. The license number is obtained at your provincial clubs and will give you insurance cover during your participation in athletics activities.

The due date for accreditation is **30 November 2009**. Your cooperation in this regard will be highly appreciated as the cards need to be prepared / T-Shirts ordered etc. before the end of 2009. ASA will only recognise and cooperate with Coaches and Technical Officials who are accredited.

Please fax a copy of your accreditation form and deposit slip to **044-8730024** **AND** post the original documents and photo's to **Athletics SWD at P. O. Box 1199, George, 6530**.

Thank you,

Kind Regards

MICHÉLLE JACOBSZ
(Athletics SWD—General Manager)

Copy: Athletics SWD Executive Board &

Mrs. Linda Kock 083 739 1768
Athletics SWD—Chairperson Technical Committee

ATHLETICS SWD

P. O. Box 1199
George
6530

CONTACT DETAILS:

Tel: 044-8730023 / 5
Fax: 044-8730024
swd@athletics.org.za
http://www.aswd.co.za

EXECUTIVE BOARD:

President:

Shireen Noble

Vice—President:

Moses Gericke

Treasurer:

Ad Cole

Secretary:

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Joe Arendse

Race Walking:

Road Running:

Jacob Karelse

Track and Field:

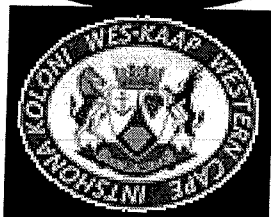
Desmond Prins

Development Officer:

Patrick Nyuka

General Manager:

Michélie Jacobsz





ASWD

2010 PROVINCIAL TECHNICAL OFFICIALS AFFILIATION FORM

1. WHERE YOU PREVIOUSLY ACCREDITED BY ASA/ASWD?

YES NO In what Year?

FULL NAME:	
CLUB LICENCE No:	
ID NUMBER:	

POSTAL ADDRESS	
TELEPHONE (W)	
TELEPHONE (H)	
FAX	
CELL	
EMAIL	
T-SHIRT SIZE	

QUALIFICATION

ASA LEVEL 1 ASA LEVEL 2

Please tick the appropriate box.

Electronic Timing	<input type="checkbox"/>	Throws	<input type="checkbox"/>
Starting	<input type="checkbox"/>	Referee	<input type="checkbox"/>
Assizing	<input type="checkbox"/>	Course Measurement	<input type="checkbox"/>
Sprints & Hurdles	<input type="checkbox"/>	Road Running	<input type="checkbox"/>
Middle & Long Distance	<input type="checkbox"/>	Race Walking	<input type="checkbox"/>
Jumps	<input type="checkbox"/>	Cross Country	<input type="checkbox"/>

I hereby wish to apply to be accredited as an ASWD Provincial Technical Official, and confirm that the information provided on this form is true and correct and that I am actively involved in the athletics coaching in my province.

Signature: Date:

Banking Details: Athletics SWD
Branch Code: ABSA Bank George – 630-114
Account no: 890 157 777

POST TO: P O Box 1199, GEORGE, 6530



ASWD

2010 PROVINCIAL COACHES AFFILIATION FORM

1. WHERE YOU PREVIOUSLY ACCREDITED BY ASA/ASWD?

YES

NO

In what Year?

FULL NAME:	
CLUB LICENCE No:	
ID NUMBER:	

POSTAL ADDRESS	
TELEPHONE (W)	
TELEPHONE (H)	
FAX	
CELL	
EMAIL	
T-SHIRT SIZE	

QUALIFICATION

ASA LEVEL 1

ASA LEVEL 2

Please tick the appropriate box.

Jumps	<input type="checkbox"/>
Throws	<input type="checkbox"/>
Sprints & Hurdles	<input type="checkbox"/>
Middle & Long Distance	<input type="checkbox"/>

I hereby wish to apply to be accredited as an ASWD Provincial Coach, and confirm that the information provided on this form is true and correct and that I am actively involved in the athletics coaching in my province.

Signature:

Date:

Banking Details: Athletics SWD
Branch Code: ABSA Bank George – 630-114
Account no: 890 157 777

POST TO: P O Box 1199, GEORGE, 6530