

TO BE COMPLETED BY ALL CLUBS AND RETURNED TO KZNA OFFICE

FORM TO BE COMPLETED IN BLOCK LETTERS:

A COPY OF THE CLUB'S LATEST CONSTITUTION MUST BE ATTACHED TO THIS FORM

CLUB: _____

POSTAL ADDRESS:

CONTACT NUMBER OF PERSON RESPONSIBLE FOR CLUB QUERIES

Please note: Only these two emails addresses on this form will be added to the mailing list

NAME: _____ DESIGNATION: _____

HOME: _____ CELL: _____ FAX: _____

EMAIL ADDRESS: _____

NAME: _____ DESIGNATION: _____

HOME: _____ CELL: _____ FAX: _____

EMAIL ADDRESS: _____

HEAD COACHES: (specify discipline) _____

NAME/S AND SIGNATURE/S OF PERSON/S RESPONSIBLE FOR REGISTRATIONS/
CLEARANCES 2008/2009

Please note: Only persons on this form will be allowed to register athletes

1. NAME: _____

SPECIMEN SIGNATURE: _____

2. NAME: _____

SPECIMEN SIGNATURE: _____