

# SWIMMING SOUTH AFRICA.

## ACCEPTANCE FORM

AS A MEMBER OF THE SA TEAM TO PARTICIPATE AT THE CANA ZONE IV JUNIOR OPEN WATER SWIMMING CHAMPIONSHIPS, MON CHOISY MAURITIUS, 2ND – 3RD DECEMBER 2017.

I.....(name in print)

- Will be available
- Will not be available

Signature.....

Date.....

**N B Please attached a copy of your valid passport**

If under 18 this form must be signed by the parent or legal guardian

Signature..... Parent/Guardian

Date.....

### CONTACT DETAILS

TEL: ..... FAX: .....

E-MAIL: .....

**Return Date: 30 October 2017**

Kindly fax or e-mail this form to your Affiliate office and SSA Office

Fax No: 0866 157 709 e-mail : [nkuli@swimsa.co.za](mailto:nkuli@swimsa.co.za) and [daphne@swimsa.co.za](mailto:daphne@swimsa.co.za)