

Swimming South Africa



Training and Workshop Requests Form

Affiliate: _____ Course Date: _____ Order No: _____

Facilitator _____ (PLS attach the facilitator's certificate copy)

SSA Reg No: _____

Item:	No. Requested	No of courses ran/ 2016-17			
		LTS	Todswim	Coaching	Total Course ran to date
Manuals:					
LTS Pre Course					
LTS Course					
Todswim Pre Course					
Todswim Course					
Admin Level 1 Course					
Coaching level 1					
Workshops	Topic/c to be covered				

Affiliate (Authorised by):	
Date	
Finance Manager/Treasure	
Date	