

**AMATEUR SWIMMING ASSOCIATION OF JAMAICA
CLUB REGISTRATION FORM FOR YEAR: 20__**



NAME OF CLUB:

E-MAIL ADDRESS OF CLUB:

CONTACT INFORMATION FOR CLUB OFFICERS

| | NAME | E-MAIL | TELEPHONE NUMBERS | | |
|--------------------------------------|------|--------|-------------------|--------|--------|
| | | | Home | Office | Mobile |
| President | | | | | |
| 1st Vice President | | | | | |
| 2nd Vice President | | | | | |
| Secretary | | | | | |
| Asst. Secretary | | | | | |
| Treasurer | | | | | |
| Asst. Treasurer | | | | | |
| Representative to Council | | | | | |

INFORMATION ON CLUB COACHES

FOR CALENDAR YEAR: 20__

NAME OF CLUB:

| | NAME | LEVEL OF CERTIFICATION | EXPIRY DATE OF LIFE GUARD CERTIFICATION | TELEPHONE | | E-MAIL |
|-----------------------|------|------------------------|---|-----------|------|--------|
| | | | | HOME | CELL | |
| HEAD COACH | | | | | | |
| OTHER COACHES: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Updated as at August 2016

PAYMENT RECEIVED: Annual Club Renewal Fee: \$ _____

Fee for _____ Club Coaches: \$ _____

Date: