

**SWIMMING TECHNICAL OFFICIALS**

**ACTION SWIM ACADEMY GALA**

**VENUE: KINGS PARK POOL**

**NAME OF CLUB** \_\_\_\_\_

**NAME OF COORDINATOR and CONTACT DETAILS** \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM BY 26 October 2016**

<b>Date and Session</b>	<b>NAME OF OFFICIAL</b>	<b>SSA REG NO</b>	<b>DUTY tk,j,st,ref</b>	<b>NAME OF OFFICIAL</b>	<b>SSA REG NO</b>	<b>DUTY tk,j,st,ref</b>	<b>NAME OF OFFICIAL</b>	<b>SSA REG NO</b>

**OFFICIALS MUST BE CORRECTLY ATTIRED - WHITE SHIRTS AND NAVY BLUE BOTTOMS**

