

**FINA SWIMMING CLINIC 10-14 JULY 2018 - CAPACITY BUILDING
NOMINATION FORM**

AFFILIATE: _____

Approved by:

Name & Surname: _____

Position: _____

Signature: _____

Provincial Stamp (required here)

Nominee 1:

Name & Surname: _____

Contact Details (h) _____ (c) _____

Registration Number: _____

SSA Accreditation: _____

Shirt Size: _____

Nominee 2:

Name & Surname: _____

Contact Details (h) _____ (c) _____

Registration Number: _____

SSA Accreditation: _____

Shirt Size: _____