



## REGISTRATION FORM

PLEASE FILL IN BY COMPUTER OR IN CAPITAL LETTERS.

NATIONAL FEDERATION:		CONTACT PERSON	
ADDRESS:			
PHONE:		FAX:	
EMAIL:			
NAME OF COACHES TO BE REGISTERED:			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

# FINA SWIMMING COACHES CERTIFICATION PROGRAMME

30 November – 2 December, 2011  
Harare (ZIM)



## HOTEL RESERVATION

	ROOM (SINGLE / TWIN)	MEALS (Breakfast / Full Board)	FIRST NAME	SURNAME	CHECK-IN DATE	CHECK-OUT DATE	TOTAL (NIGHTS)
1							
2							
3							
4							
5							
6							
7							
8							

**Please note: all forms must be signed by the President or General Secretary.**

SIGNATURE OF PRESIDENT / GENERAL SECRETARY:

Please return this form to the FINA Office no later than 15<sup>th</sup> of November 2011:

Email: [coaches.certification@fina.org](mailto:coaches.certification@fina.org)

Fax: +41 21 312 66 10