WESTERN PROVINCE ATHLETICS

TECHNICAL OFFICIALS

I hereby wish to apply to be accredited as a WPA Technical Official

WERE YOU PREVIOUSLY ACCREDITED BY WPA?

YES: ☐ **NO:** ☐ **WHAT YEAR:** ☐

Personal details														
Surname:														
First names:														
ID No/Passport No:														
Date of Birth:	y	y	y	y	/	m	m	/	d	d				
Home Language:														
Gender:	Male:		(Please tick one)								Female:			
Next of Kin:														
Contact Number:														
Email address:														

Contact details					
Residential Address:	Street:				
	Suburb:				
	Town:				
	Postal Code:				
Postal Address:					
	Postal Code:				

Contact details (Complete at least one)														
Home tel number:	Area code:				No:									
Work tel number:	Area code:				No:									
Fax number:	Area code:				No:									
Mobile number:														
Email address: (1)														
Email address: (2)														

QUALIFICATION LEVEL:

ASA LEVEL 1 ☐ ASA LEVEL 2 ☐

IAAF LEVEL 1 ☐ IAAF LEVEL 2 ☐ IAAF LEVEL 3 ☐

SPECIALISING: (Please tick the appropriate box)	
Starting	
Combined Events	
Electronic Timing	
Assizing	
Track & Field	
Course Measurer	
Race Walking	
Road Running	
Cross Country	
Timing (RR)	

BANKING DETAILS	
Name of Account Holder:	
Bank:	
Account No.:	
Branch Name	
Branch Code	
Type of Account:	

How many years have you been involved with WPA? ☐

I am available as a presenter at workshops and courses: YES ☐ NO ☐

Golf Shirt Size ☐

2017 Technical Official Pack:

- **License No.**
- **Accreditation Tag**
- **Golf T-shirt**
- **Sling Bag**
- **Cap**

TOTAL AMOUNT: **R300**

Signature: _____ **Date:** _____