



WESTERN PROVINCE ATHLETICS

TECHNICAL OFFICIALS REGISTRATION FORM (2019 EXPRESSION OF INTEREST)

2019 Licence Number (for official use only)

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:	<input type="checkbox"/>	(Please tick one)					Female:	<input type="checkbox"/>					
Current Club: (Provide proof)														
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)														
Next of Kin:														
Contact Number:														

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:	

I hereby abide by the Code of Conduct for Technical Officials.

Golf Shirt Size

Signature: _____

Date: _____