



antigua & barbuda
swimming federation

OFFICIAL'S CLINIC REGISTRATION FORM

November 8 – 12, 2015

NAME _____

TEL _____ (H) _____ (M)

Address _____

Email _____

Work place _____

Officiating experience:	When/Event?	Role/position?
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Session 1 – 29th ABSF National OW Championships (practical)

Session 2 – Monday 9th November 5:30pm – 8:30pm (classroom)

Session 3 – Tuesday 10th November 5:30pm – 8:30pm (classroom)

Session 4 – Wednesday 11th November 5:30pm – 8:30pm (classroom)

Session 5 – Thursday 12th November 5:30am – 8:30pm (classroom)

(Persons must attend all session to be awarded the certificate)

Signature

Date

Email form back to: techdir@absf.ag or call 268-783-0578

Official Use Only

Attendance: Day 1 _____ Day 2 _____ Day 3 _____ Day 4 _____ Day 5 _____