

South African Figure Skating Association Pro-Am Registration Form

Name: _____ SAFSA No: _____

Address: _____

_____ Code: _____

Tel No: (_____) _____

The coach I wish to assist: _____

Accepted/Agreed to by Coach: _____

(Coaches Signature)

I agree to abide to the Constitution and Rules and Regulations of SAFSA and any sub-committee thereof. I understand that failure to comply with the Constitution and Rules and Regulations may result in disciplinary action and possible expulsion from the South African Figure Skating Association.

Applicants Signature

(if under 18 years of age, parent or guardian to sign)

Date

NOTES/COMMENTS: _____

For office use only	
Application approved (Yes/No): _____	Date: _____
Provincial Chairman's Signature: _____	