



South African Figure Skating Association

Teaching Assistantship Program

Annual Registration Form

New Application
 Renewal Application

Registration Period: Y Y Y Y / Y Y Y Y

Province:

Name: SAFSA No:

Postal Address: Code:

Tel No: Fax No:

E-mail:

NOMINATED TEACHING ASSISTANTSHIP PROGRAM MENTOR COACH(ES)				
No	Mentor Coach Name	SAFSA No	Mentor Coach Signature	Date
1.				
2.				
3.				

DECLERATIONS

I, the nominated TAP Mentor Coach, by means of my signature here above hereby agree to act as Mentor Coach for this Teaching Assistant and agree to abide to the rules and regulations of the Teaching Assistantship Program.

I, the candidate Teaching Assistant, by my signature hereunder hereby 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	Date	Legal Guardian Signature <small>(if applicant is under 18 years)</small>	Date

FOR OFFICE USE ONLY			
Application Approved (Y/N):		Date:	Signed:
Notes / Comments / Amendments made by Provincial Committee:			