



WESTERN PROVINCE ATHLETICS

**TECHNICAL OFFICIALS REGISTRATION FORM  
(2020 EXPRESSION OF INTEREST)**

2020 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:		(Please tick one)				Female:				
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

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

<b>BANKING DETAILS</b>	
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: \_\_\_\_\_