



SWIMMING CANTRBURY WEST COAST

Request for Training to become a Centre Technical Official

**Surname**

.....

**First Names**

.....

**Address**

.....

**Home Phone**

.....

**Mobile**

.....

**Club**

.....

**Email**

.....

**DOB**

.....

**Reg No**

.....

**Training requested (tick)**

Inspector of Turns

Judge of Stroke

Starter

Referee

**Type of training (mark)**

Practical

Theory

**Summary of experience (Prior Training if any): Please attach attendance card if you have one.**

.....  
.....

**ONCE FILLED OUT PLEASE HAND TO, OR SEND TO, ONE OF THE TECHNICAL COMMITTEE MEMBERS IDENTIFIED ON THE SCWC WEB PAGE.**

**Proposed dates and venues (of training) & Name of Trainer (to be filled out by the Technical Committee)**

.....  
.....  
.....  
.....