Team Manager Course

Registration Form

|  |  |
| --- | --- |
| Region |   |
| Organiser |   |
| Organiser Email |   | Organiser Tel |  |
| Modules (please indicate which level by putting a X in the box |  Module 1 |   | Please use a separate form for each module | Module 2 |  |
| Date |   |
| Presenter/s\*: |   |
| Presenter Email |   | Presenter Tel |  |
| Presenter address |  |
| Venue |  |
| Venue AddressInc post code |  |
| Number of delegates |   |
| Time | From |   |  | To |   |
| Electronically Signed  |   | Date |   |

The cut off date for course registration is fourteen days before the workshop is due to take place.

Please note that we recommend that the courses are not run on the same day as ideally the candidates will have had some level of team manager experience between module 1 and 2.

Forward completed registration form to the lesley.burton@swimming.org or post to L Burton, Swim England Awarding Body, Pavilion 3, SportPark, 3 Oakwood Drive, Loughborough, Leics, LE11 3QF . **If you do not receive a confirmation letter within 3 days please email Lesley Burton.**

|  |  |
| --- | --- |
| Awarding Body Office Use Only  |  Actioned by  |
| Date received |  |  |
| Event No. |  |  |
| Put on Parnassus |  |  |
| Acknowledgement via email |  |  |
| Resources sent |  |  |
| Certificates sent |  |  |

Please forward your completed registration form to lesley.burton@swimming.org

September 2017