



SOUTH AFRICAN SAILING ACADEMY

APPLICATION TO BECOME A RECOGNISED COACHING ESTABLISHMENT

CLUB NAME:

SECRETARY'S NAME:

Club contact details:

Tel No:

Fax No:

e-mail:

Postal address:

_____ Club hereby applies to become a registered SASA Coaching Centre.

Signed Club Officer

Name and rank

Date

The completed form is to be sent to Evelyn Osborne e-mail evelyno@telkomsa.net

The application fee is to be paid to your regional sailing association and proof of payment forwarded with this application to E Osborne

For office use only:

Date received:

Inspection date:

Application fee received:

Inspection by:

Annual license fee received:

Application approved date: