



## ASA London Region

### Team Manager 1 Course 10<sup>th</sup> March 2018

<b>Name:</b>	
<b>Club:</b>	
<b>Position Held:</b>	
<b>ASA Membership number:</b>	
<b>County:</b>	
<b>Email Address:</b>	
<b>Medical Conditions or Disabilities:</b>	
<b>Dietary Requirements:</b>	

I would like to attend the ASA London Region Team Manager 1 Course on:

**10<sup>th</sup> March 2018, 10.00am – 1pm**

**at**

**The Lodge Crystal Palace**

**National Sports Centre, Ledrington Rd, London SE19 2BB**

Signed:.....Date:.....

**Please note: your booking is only secured once this form and deposit of £10 are received.**

BACs payments can be made using the details below, please include the reference 'TM1CRSE' and your surname when transferring funds to help identify the payment.

Account Name: ASA London Region  
Account Number: 41469932  
Sort Code: 402009

All data collected on this form will be kept securely by the organisers of the day and medical/disability information will be provided on a need to know basis.

Please note: bookings will be taken on a first come first served basis for ASA London Region members.

**Please return this form by 2<sup>nd</sup> March 2018 to [londonbookings@swimming.org](mailto:londonbookings@swimming.org)**