



BAHAMAS AQUATICS FEDERATION
SWIMMING COACH/SWIMMING INSTRUCTOR
RENEWAL OF REGISTRATION FORM

For period 1st January to 31st December, _____

Part A CLUB INFORMATION

CLUB NAME: _____ CLUB ID CODE: _____

MAILING ADDRESS: _____

Part B COACH/INSTRUCTOR INFORMATION

1) NAME: _____ BAF ID CODE : _____

MAILING ADDRESS: _____

HOME PHONE #: _____ WORK PHONE #: _____

FAX #: _____ E-MAIL ADDRESS: _____

2) NAME: _____ BAF ID CODE : _____

MAILING ADDRESS: _____

HOME PHONE #: _____ WORK PHONE #: _____

FAX #: _____ E-MAIL ADDRESS: _____

3) NAME: _____ BAF ID CODE : _____

MAILING ADDRESS: _____

HOME PHONE #: _____ WORK PHONE #: _____

FAX #: _____ E-MAIL ADDRESS: _____

4) NAME: _____ BAF ID CODE : _____

MAILING ADDRESS: _____

HOME PHONE #: _____ WORK PHONE #: _____

FAX #: _____ E-MAIL ADDRESS: _____

Signed by Club Officer or Individual Coach/Instructor

Title

Date