**County Championship and Age Group Competitions 2018**

**Annual coaches’ passes application form**

|  |  |
| --- | --- |
|  **Club**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **No. of annual passes @£15** |  **(Max 4)** | **Amount enclosed** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of person**  | **DBS number and date** | **Name of person**  | **DBS number and date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I hereby declare that these particulars are correct and that I am the nominated County Swimming Representative for this club

**SIGNATURE OF NOMINATED CLUB REP: Date: / /2018 No more than 4 passes to be purchased per club Please return from to County Welfare Officer** **mross.berrycottage@btinternet.com** **Pay with club entries via BACS to Worcester County S.A. Account**