



Swimming for This-Ability

Public Education Workshop
Aquatic Management for Caregivers of People with a Disability

COACH / CAREGIVER REGISTRATION FORM

PERSONAL DETAILS

Name: _____ (Male / Female *)

NRIC: _____

Home Address: _____

Occupation: _____

Organisation: _____

CONTACT DETAILS

Tel: _____ Office: _____

Fax: _____ Mobile: _____

Email Address: _____

* Delete accordingly

Closing Date: 28th February 2007