

1. COURSE INFORMATION

COURSE LOCATION

DATE

2. COACH INFORMATION

SURNAME

FIRST NAME

ADDRESS

TOWN

POST CODE

EMAIL

TELEPHONE

SEX :

F	M
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BIRTH DATE :

COUNTRY OF BIRTH :

OCCUPATION :

IF STUDENT WHERE :

I declare all information provided is true and accurate.

Signed: _____

Please note the registration form should be signed by a parent / guardian if the participant is under 18 years of age.

The Northern Ireland Volleyball Association is committed to ensuring that any information gathered complies with the requirements of the Data Protection Act 1998.

The Northern Ireland Volleyball Association is required to share this information with Sport Northern Ireland.