



APPLICATION FORM FOR ENTRY INTO CLUB

NAME AGE DATE OF BIRTH
ADDRESS.....
.....
..... POST CODE

TEL. NO. E-MAIL ADDRESS

SASA NUMBER (IF ANY)

PREVIOUS CLUB(S)

SWIMMERS EXPERIENCE / ABILITY

REASONS FOR WISHING TO JOIN COGST

N.B. IF ACCEPTED INTO COGST I AGREE TO ABIDE BY THE CLUB'S
CONSTITUTION, HANDBOOK, CODE OF CONDUCT AND TO PAY THE
RELEVANT FEES ON TIME. (DETAILS OF SQUADS AND FEES ATTACHED).

SWIMMERS SIGNATURE DATE

SIGNATURE OF PARENT OR GUARDIAN DATE
(IF SWIMMER UNDER 17)

HEAD COACHES RECOMMENDATION

COMMITTEE DECISION DATE