

SOUTH WEST AMATEUR GYMNASTICS ASSOCIATION
AFFILIATION FORM **1.10.2007 - 30.9.2008**

Name of Club: _____ South West Affiliated No: _____/08/_____

Club Training Venue: _____ B.A.G.A. Affiliated No: _____

Designated Welfare Officer: _____ Contact Number: _____

Club Disciplines (circle as appropriate) : *Women's Artistic / Men's Artistic / General Gymnastics / Acro Gymnastics / Rhythmic / Pre-school / Trampolineing / Aerobic Gymnastics / Tumbling / Double Mini TeamGym / Display / Choreography*

Head Coach—Name: _____ B.A.G.A. Membership No: _____

Coaching Award Held For Each Discipline: _____

Address: _____

_____ Post Code: _____

Telephone No: _____ Fax: _____ Email: _____

Club Secretary Name: _____ Tel No: _____

Address: _____

_____ Post Code: _____

Fax: _____ Email: _____

Address where SW Newsletter should be sent: _____

_____ Post Code: _____ Tel No: _____

AFFILIATION FEES: COUNTY £45.00 CLUB £36.00 INDIVIDUAL £16.00

Fee Enclosed: £ _____ Date: _____

To ensure that you receive your newsletter it is important that you return this form with your affiliation fee (payable to SWAGA) to:

Sara Gibbons, 3 George Lane, Plympton, Plymouth PL7 1LJ. Email: sara.gibbons1810@blueyonder.co.uk

Please enclose a S.A.E. for your receipt and SWAGA affiliation number