A SA ATHLETICS SOUTH AFRICA

2024 ASA PERMANENT LICENCE APPLICATION FORM

A licence number will only be issued to the club, by the province, when this form is fully and correctly completed by the applicant, verified by the club, and accompanied by payment in full. The club/province may use an electronic registration system, with the form electronically signed and EFT payments made, provided the electronic system is aligned with the ASA license registration application system.

I am a: Mark all activities relevant	Athlete	Coach	Technical Official	Office Bearer	
Discipline: Mark all activities relavant	Track & Field	Road Running	Off-Road Running	Race Walking	

A	A Requi	irem	ent	Black					Coloured						Indian						White				
Age category - SRSA	Requir	eme	nt Senior 2				0+ Junior 13 - 19					9		High School					Primary School						
Gender: Male		F	ema	le	Date of Bir			Birt	th (YYYY-MM-DD)											-			-		
Title (Mr/Ms/Dr/ect.)						Initi	als																		
Surname																									
First Name																									
Type of Identification	<mark>ا Docu</mark>	men	t	ID B	ook	/Caro	d			Birt	h Ce	rtific	ate			Pass	sport	t		Ref	ugee	Per	mit		
				-					Nur	nber	r														
ASA Province																									
2023 Licence Numbe	r									202	4 Lic	ence	e Nu	mbe	r										
Club Name (in full)																									
Residential Address	Domio	ciliur	n Ru	le																					
																		-	Cod	e					
Postal Address - Dom	nicilium	<u>า Rul</u>	le	1 1																					
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Tel/Cell phone numb	er		1	1 st											2 nd										
Email address	\rightarrow																								
Occupation																									
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Tel/Cell phone numb	er			1 st											2 nd										

Date: Signature of Parent/Guardian (Younger than 18yrs):

Club: I confirm that the above information is correct; the athlete is registered to no other club; and domicile is correct.

Date:	Signature of Club Representative:
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Province: I confirm that the club is affilliated to the province; and the domicile of the club and application is correct.