

COACHING REGISTRATION FORM



LEDISA ACADEMY
COACHING DIVISION

A PERSONAL INFORMATION

Full Names :

Surname :

ID Number : **Nationality** :

City/Country : **Date Of Birth** :
D D M M Y Y

Gender : Male Female

Address :

Postcode :

Mobile Nr : **Landline Nr** :

E-Mail :

B OTHER INFORMATION

Course :

Training Dates :

Payment Method : Once Off Deposit + Monthly Payments

- Yes I hereby agree that my personal details and results may be published on the South African database of qualifications.
- Yes I declare that all the information provided above is true and accurate to the best of my knowledge.
- Yes I understand and accept (in the case of payment terms) that a separate binding payment agreement will be issued for my signature by E-Mail.
- Yes I understand and hereby accept the cancellations terms and conditions.

SIGNATURE

DATE