**SWIMMING SOUTH AFRICA NATIONAL AQUATICS CHAMPIONSHIPS 2025**

**Senior & U20 Nationals 26th – 28th April 2025**

**WATER POLO TEAM ENTRY FORM**

Must be returned to by **Monday, 7th April 2025** to the following email [buffalocitypolo@gmail.com](mailto:buffalocitypolo@gmail.com) ; [daphne.bird@swimsa.org](mailto:daphne.bird@swimsa.org) and [Lizwi.mbonambi@swimsa.org](mailto:Lizwi.mbonambi@swimsa.org)

TEAM NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFFILIATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle the appropriate section:

MEN / WOMEN / SENIOR / U20

**SURNAME** **FIRST NAME** **SSA REG NO.** **CAP NO.**

COACH

ASST. COACH

MANAGER

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AFFILIATE PRESIDENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_ Name Signature

N.B. This document will not be accepted by SSA unless it is signed by the Affiliate President