**National Skills Awards
Registration Form**

Date:

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| --- | --- |
| Name of Club/County: |  |
| Contact Name: |  |
| Contact Address: |  |
| Signature: |  |
| Approved Coaches Name and Contact Details |  |

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| Name | Contact Details | Coaching Level |
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For further information please contact EIBA sophiederonde@eiba.co.uk