

Registration to use the YNSA Scheme for 2010



Organisation Information

Contact Name: _____
Name & Type of Organisation: _____
Address: _____

Phone No: _____ Fax No: _____
Mobile No: _____
E-mail Address: _____ Website: _____
Syllabus / Program of which the YNSA Navigation Scheme will form a part: _____

Names and qualifications of instructors / teachers / coaches teaching and assessing the scheme

Name	Qualifications
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

£6 registration fee enclosed? (Cheques payable to NNAS, please)

Provider contact signature _____ Date _____

Please return the completed form to the address below:

Note that the office is only staffed two mornings per week. Contact by email is preferred, or leave a message on the answerphone (24 hour).

Data about providers held by NNAS is never distributed to third parties except for checking qualifications with the relevant NGBs. Where providers permission is given, their contact details and, if applicable, information about their open courses are produced on the www.nnas.org.uk website.

National Navigation Award Scheme

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