

APPLICATION DEADLINE TUESDAY JULY 19, 2005 at 4PM

**PVS 2005 LONG COURSE ZONE TEAM APPLICATION**  
**FOR USE BY 15-18 YEAR OLD SWIMMERS ONLY**

NAME		AGE	(As of August 10, 2005)	
ADDRESS			SEX:	M <input type="checkbox"/>
			F <input type="checkbox"/>	
			CLUB	
PHONE	#( )			
E-MAIL ADDRESS				
Athletes USA Swimming Registration #				
<b>NOTE: Application will not be accepted without correct USA swimming registration number.</b>				
COACH			COACH'S PHONE #	#( )

**SELECTION OF RELAYS** Relay teams will be selected by the Zone Team coaching staff. The position in a relay and/or the strokes swum in medleys will also be determined solely by the coaching staff.

We have reviewed the [Information Sheet](#). In submitting this application, we understand that a swimmer selected for this team will be representing PVS, and as such will follow all guidelines and codes of conduct established by Potomac Valley Swimming.

**VERY IMPORTANT:** We further acknowledge that we are aware that PVS will travel to and from Zones as a team this year. This means we understand we must travel to the meet with the team -- leaving Tuesday morning August 9 and returning Sunday afternoon -- August 14. We will stay at the team hotel, have meals with the team, and participate in other team activities unless officially excused by the Head Coach or Team Manager.

Swimmer's Signature:		Date:	
Parent's Signature:			

Mail completed zone Mark Faherty 9730 Blake Lane ; Fairfax, VA 22031 Applications may be FAXed to 703-924-5414  
 application to: **IMPORTANT:: Deadline** for all applications is **TUESDAY JULY 19, 2005 at 4PM** Note: If using Fed Express, UPS, etc., sign the waiver allowing for the service to leave your application without requiring a signature. **Meet entry deposit of \$250 must accompany application** or if faxed, be received by FRIDAY, JULY 22.

Event #	Event	Seed Time	Meet/Date Achieved

**Swimmers with a Disability.** Are you applying to be a member of the PVS Eastern Zone Team under provisions in the meet announcement pertaining to swimmers with a disability. ([see pages 4-5](#))  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please **also complete** [this additional form](#).