**Application and Deposit of $150 per swimmer must be received by**

**the PVS Travel Team Coordinator no later than**

**Monday, December 12, 2011**

Please ensure checks/money orders are made payable to **ERSC**

***Please PRINT all information neatly and clearly!***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | |
| Full Name: |  | | | |  | | | | |  | | |
| Last | | | | | | First | | | | | | M.I. | | |
| Address: |  | | | | | | | | | |  | | |
|  | | Street Address | | | | | | | | | | Apartment/Unit # | | |
|  |  | | | | | | |  | | |  | | |
|  | | City | | | | | | | State | | | ZIP Code | | |
| Home Phone: | | | ( ) | USA Swimming Registration Number: | | |  | | | | | | | |

Gender 🞏 Girl 🞏 Boy

|  |  |  |
| --- | --- | --- |
| Email for Travel Correspondence |  | Swimmers Date of Birth |
|  | | |
| PVS Registered Club | | |
|  |  |  |
| Coaches Name |  | Coach’s Contact Email and/or Phone |
|  | | |
| Athletes must provide events and times to the Travel Team Coordinator along with the application.  Relay teams will be selected by the PVS Travel Team coaching staff. The position in a relay and/or the strokes swum in medleys will also be determined solely by the coaching staff. A list of applications will be posted promptly upon receipt. Please wait at least one week before inquiring about the status of any application submitted. 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. | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | |
| Swimmer Signature | |  | Date | |
| Parent Signature | |  | Date | |
| **Mail/Email Completed Application to:** | | Rhonda Waller, PVS Diversity Committee Travel Team Coordinator  Email application to: [Rhonda.Waller@gmail.com](mailto:Rhonda.Waller@gmail.com)  Mail Payments: DMV-PV c/o Rhonda Waller, 8209 Mandan Court, Greenbelt, MD 20770  If you have questions: (240) 488-1026 (cell) | | |

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| --- |
| Events Application |

**Swimmers are required to have 3 BB or better qualifying times to participate in this meet. Please list the 3 events and the qualifying time you’ve earned to confirm eligibility.**

|  |  |  |
| --- | --- | --- |
| **BB,A,AAA,AAAA** | **Event Name** | **Qualifying Time** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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| T-Shirt Order |

**Below is the apparel that DMV-PV Travel Team will be providing each swimmer:**

* DMV-PV Travel Team T-Shirt
* DMV-PV Travel Team Swim Cap

**Team T-Shirt Size**

|  |  |
| --- | --- |
| PVS DMV-PV  Long Sleeve T-Shirt | 🞏 YL 🞏 S 🞏 M 🞏 L 🞏 XL (check mark one size) |

|  |
| --- |
| Hotel Accommodations |

**🞏 Single Room (1 swimmer per room) - $433 per swimmer**

**🞏 Shared Room (total of 2 swimmers per room) - $298 per swimmer**

**I’d like to share a room with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Every effort will be made to accommodate shared room requests.**

**Only swimmers of the same sex will be allowed to share the same room.**

**Swimmers under age 12 must be accompanied by a parent / guardian.**

|  |
| --- |
| Additional Information |

**Deposit $150.00 per swimmer needed to secure a spot for the trip. All checks/money orders should be made out to ERSC.**

**Balance will be due on Saturday, December 17th.**

**Reminder: Applications and deposits must be received by the PVS Travel Team Coordinator no later than Monday, December 12, 2011**

***APPLICANTS ARE STRONGLY ENCOURAGED TO APPLY BEFORE THE DEADLINE AS WE WILL SELECT THE TEAM ON FIRST COME BASES***

***Please PRINT all information neatly and clearly!***