



USA SWIMMING – CLUB APPLICATION FORM



2007 PVS Registration Fee \$100 (9/06 to 12/07)

PLEASE CHECK ONE:

- NEW CLUB RENEWING CLUB NEW ORGANIZATION RENEWING ORGANIZATION

(Club is defined as a group with athletes and coaches. Insurance certificate will be issued.)

(Organization is defined as a group without athletes and coaches. No insurance certificate will be issued. **Seasonal clubs cannot be organizations.**)

PLEASE CHECK ONE:

- YEAR-ROUND CLUB/ORGANIZATION SEASON 1 CLUB SEASON 2 CLUB

EFFECTIVE DATE OF MEMBERSHIP: _____

CLUB NAME: _____ CLUB CODE: _____

INDICATE BELOW THE CITY/STATE (LIMIT 2) YOUR CLUB SHOULD BE LISTED UNDER ON THE CLUB SEARCH FEATURE OF THE USA SWIMMING WEB PAGE:

_____ City/State _____ City/State

CLUB E-MAIL: _____ CLUB WEBSITE: _____

CLUB CONTACT (This person will receive USA Swimming mailings and be responsible for distributing the information.)

CLUB CONTACT: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

FAX: _____ EMAIL: _____

HEAD COACH (All clubs must have at least one properly registered coach to register as a USA Swimming club. Club's coach of record must be at least 18 years old.)

COACH: _____ DATE OF BIRTH (mm/dd/yy): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL: _____

SAFETY COORDINATOR (For clubs only.)

CLUB SAFETY COORDINATOR: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL: _____

If any of the above information changes, please notify your LSC Registration Chair.

Additional Club Information

<i>Club Officials Chairman</i>	
Name	
Address	
City/State/Zip	
Home Phone	
Work Phone	
Cell Phone	
Fax	
E-mail	
<i>House of Delegates Representative</i>	
Name	
Address	
City/State/Zip	
Home Phone	
Work Phone	
Cell Phone	
Fax	
E-mail	
<i>Treasurer</i>	
Name	
Address	
City/State/Zip	
Home Phone	
Work Phone	
Cell Phone	
Fax	
E-mail	

Additional Club Information (Registrar)

Registrar	
Name	
Address	
City/State/Zip	
Home Phone	
Work Phone	
Cell Phone	
Fax	
E-mail	
Site Name/Group Name	
Registrar	
Name	
Address	
City/State/Zip	
Home Phone	
Work Phone	
Cell Phone	
Fax	
E-mail	
Site Name/Group Name	
Registrar	
Name	
Address	
City/State/Zip	
Home Phone	
Work Phone	
Cell Phone	
Fax	
E-mail	
Site Name/Group Name	

Facility Information

Please list all of your club's practice facilities and the head or managing coach of that site:

Site Name	
Site Address	
Site City/State/Zip	
Site Phone Number	
Site Coach	
Site Specific Notes	
Site Name	
Site Address	
Site City/State/Zip	
Site Phone Number	
Site Coach	
Site Specific Notes	
Site Name	
Site Address	
Site City/State/Zip	
Site Phone Number	
Site Coach	
Site Specific Notes	
Site Name	
Site Address	
Site City/State/Zip	
Site Phone Number	
Site Coach	
Site Specific Notes	
Site Name	
Site Address	
Site City/State/Zip	
Site Phone Number	
Site Coach	
Site Specific Notes	

Electronic Flash Mail Request Form

Name	
Email	
Day Phone	
Evening Phone	
Position	
Name	
Email	
Day Phone	
Evening Phone	
Position	
Name	
Email	
Day Phone	
Evening Phone	
Position	
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Position	