



PVS / USA SWIMMING 2010 CLUB APPLICATION FORM



Please fill out this application

The form is PDF form, so you can directly type in, save or/and print.

Mail the form with \$100 check payable to "Potomac Valley Swimming"

We do not accept any credit card.

Our mailing address is P O Box 3729, McLean VA 22103-3729

Any question? Please contact us

email register@pvswim.org

fax 703-448-9891

If you are starting a new USAS club, please contact us first by email. We will send you a packet of documents and forms including this form.

REGISTRATION DATE AND TYPE

REGISTRATION DATE: _____ (For LSC Office Use Only)

PLEASE SELECT ONE:

1. YEAR-ROUND CLUB 2 ORGANIZATION SELECT ONE _____

HEAD COACH (To register as a club, all clubs must have at least one registered coach. Club's coach of record must be at least 18 years old.)

COACH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ CELL: _____

FAX: _____ EMAIL: _____

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

SAFETY COORDINATOR (To register as a club, all clubs must have a safety coordinator who is a currently registered member.)

CLUB SAFETY COORDINATOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ CELL: _____

FAX: _____ EMAIL: _____

FACILITIES USED BY YOUR CLUB – LIST ALL FACILITIES (To register as a club, a facility must be listed. If additional space is needed to list facilities, use separate sheet of paper and attach to application.)

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

POOLS AT THIS FACILITY:

Pool 1: Length:_____ (Y for yard or M for meter) # of Lanes:_____	Width:_____ (Y for yard or M for meter) # of Lanes:_____	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> L-shaped pool
Pool 2: Length:_____ (Y for yard or M for meter) # of Lanes:_____	Width:_____ (Y for yard or M for meter) # of Lanes:_____	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> L-shaped pool

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

POOLS AT THIS FACILITY:

Pool 1: Length:_____ (Y for yard or M for meter) # of Lanes:_____	Width:_____ (Y for yard or M for meter) # of Lanes:_____	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> L-shaped pool
Pool 2: Length:_____ (Y for yard or M for meter) # of Lanes:_____	Width:_____ (Y for yard or M for meter) # of Lanes:_____	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> L-shaped pool

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ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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Pool 1: Length:_____ (Y for yard or M for meter) # of Lanes:_____	Width:_____ (Y for yard or M for meter) # of Lanes:_____	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> L-shaped pool
Pool 2: Length:_____ (Y for yard or M for meter) # of Lanes:_____	Width:_____ (Y for yard or M for meter) # of Lanes:_____	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> L-shaped pool

PVS INFO – CO-HEAD COACH (who must be a registered coach and at least 18 years old.)

NAME: _____
HOME PHONE: _____ BUSINESS: _____ CELL: _____
FAX: _____ EMAIL: _____

PVS INFO - HOUSE OF DELEGATES REPRESENTATIVE

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ CELL: _____
FAX: _____ EMAIL: _____

PVS INFO - HOUSE OF DELEGATES REPRESENTATIVE (ALT)

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ CELL: _____
FAX: _____ EMAIL: _____

PVS INFO – OFFICIALS CHAIR

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ CELL: _____
FAX: _____ EMAIL: _____

PVS INFO - TREASURER

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ CELL: _____
FAX: _____ EMAIL: _____

PVS INFO - REGISTRAR

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ CELL: _____
FAX: _____ EMAIL: _____

PVS INFO – REGISTRAR (ALT1)

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ CELL: _____

PVS INFO – eFLASH MAIL REQUEST

NAME: _____

PHONE: _____ (HM/WK/CELL)

POSITION: _____ EMAIL: _____

PVS INFO – eFLASH MAIL REQUEST

NAME: _____

PHONE: _____ (HM/WK/CELL)

POSITION: _____ EMAIL: _____

PVS INFO – eFLASH MAIL REQUEST

NAME: _____

PHONE: _____ (HM/WK/CELL)

POSITION: _____ EMAIL: _____

PVS INFO – eFLASH MAIL REQUEST

NAME: _____

PHONE: _____ (HM/WK/CELL)

POSITION: _____ EMAIL: _____

PVS INFO – eFLASH MAIL REQUEST

NAME: _____

PHONE: _____ (HM/WK/CELL)

POSITION: _____ EMAIL: _____

PVS INFO – eFLASH MAIL REQUEST

NAME: _____

PHONE: _____ (HM/WK/CELL)

POSITION: _____ EMAIL: _____