



## PVS / USA SWIMMING 201%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](mailto: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

FACILITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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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**

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PHONE: \_\_\_\_\_ (HM/WK/CELL)

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POSITION: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PVS INFO – eFLASH MAIL REQUEST**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ (HM/WK/CELL)

POSITION: \_\_\_\_\_ EMAIL: \_\_\_\_\_