



USA SWIMMING – 2017 ORGANIZATION APPLICATION

Metropolitan Swimming

ORGANIZATION CODE: _____ ORGANIZATION NAME: _____

ARE YOU AFFILIATED WITH A USA SWIMMING CLUB? Yes No

IF YES, CLUB CODE: _____ CLUB NAME: _____

PLEASE CHECK ONE:

NEW ORGANIZATION RENEWING ORGANIZATION

(Organization is defined as a group without athletes and coaches. Insurance is only provided for activities which have been approved by USA Swimming’s Risk Management Director or insurance broker, Risk Management Services. After approval, Risk Management Services can issue a certificate of insurance. Please contact Kim Tate (ext. 10) or Sandi Blumit (ext. 12) at 1-800-777-4930. **Seasonal clubs cannot be organizations.**)

FIRST YEAR AS A USA SWIMMING ORGANIZATION: _____

NEAREST MAJOR CITY: _____ ORGANIZATION WEB SITE: _____

PRIMARY CONTACT PERSON:

CONTACT: _____

POSITION (President, Director, etc.): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ MOBILE: _____

FAX: _____ EMAIL: _____

PRIMARY PURPOSE OF YOUR ORGANIZATION:

- BOOSTER CLUB
- SWIM LEAGUE
- OTHER

DO YOU PLAN TO RUN FUNDRAISERS? YES NO

DO YOU PLAN TO RUN SWIM MEETS? YES NO

REGISTRATION DATE

REGISTRATION DATE: _____ (For LSC Office Use Only)

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