

Metropolitan Swimming
Zone Coach Application
2009 LC

Name _____

Address _____

Phone _____

Email _____

Team Currently with: _____

Please note that if chosen as a zone coach – you will be assigned an age group and must supervise all the swimmers and coach your age group at the meet.

Please return to Edgar Perez, Age Group Chair,
215 Washington St Unit 27, Tappan NY 10983. If you have any questions, please email Edgar at bg26608@hotmail.com.

No coach will be considered without application.