

**CONNECTICUT SWIMMING INFORMATION FORM**

**CLUB:** \_\_\_\_\_

Registration fee of \$180.00 is due with this form and USA Swimming application by 12/1/2009. If not postmarked by 12/1/2009, \$50.00 late fee is charged.

**CONTACT PERSON FOR CLUB:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

This contact information, except cell phone, will be published on the web.

**SAFETY CHAIRMAN** \_\_\_\_\_

( MUST BE USA SWIMMING MEMBER)

**REPRESENTATIVES TO CT SWIMMING HOUSE OF DELEGATE MEETINGS:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

( MUST BE USA SWIMMING MEMBERS)

**MEET ENTRY CHAIR FOR THE CLUB: NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**LIST OF ALL COACHES FOR CLUB:** Attach separate sheet if needed.

Include NAME, ADDRESS, PHONE, CELL, AND EMAIL.

- 1.
- 2.
- 3.
- 4.
- 5.

Please notify CSI OFFICE of any changes to this information.

THANK YOU.