

## Local Partner Program Application Form



Legal Name of Organization:
Federal ID Number: Tax Status:
USA Swimming Club Member: Yes No Year organization established:
Contact Person: Position:
Street Address:
City, State, Zip:
Phone Number: Mobile number:
Email Address:
Website Address:
Program Setting: Urban Rural Suburb Nearest Major City:
Facility (circle one): Own Rent/Lease (If more than one facility, please list on back)
Our rental contract is (with whom/for how long):
Learn-to-Swim Curriculum used:
Program Schedule: Please list months of the year that you offer LTS programming
Annual Number of Learn-to-Swim participants:
2004: 2005: 2006: 2007:
Signature of Owner/Manager/Chief Authorizing Official Date
Printed name of above