Hi Everyone,   
Embedded is our updated Zone Team application.

If you have trouble viewing or submitting this form, you can [fill it out in Google Forms](https://docs.google.com/forms/d/1RfLk9Whg5x9AqvsXGft3Fe09EfCKxYXeiyflS6_3dK8/viewform?c=0&w=1&usp=mail_form_link).

# Virginia Swimming LC Zone Team Application

2015 VIRGINIA SWIMMING LONG COURSE ZONE TEAM APPLICATION  
  
Swimmers wishing to be considered for the 2015 Virginia Long Course Zone Team must complete the application below.

APPLICATION DEADLINE: Midnight MONDAY, JULY 13, 2015.

Along with your application a $100.00 deposit must be made via paypal at Virginia Swimming's online payment Center and will be applied toward your expense for the meet. Swimmers failing to qualify for the team will have their deposit returned. If a swimmer is fully qualified by the criteria below and fails to complete final registration at their Championship meet, the deposit will be forfeited. Remember this is a commitment to participate if selected.

We will consider only those swimmers whose application and deposit have been received by the deadline for selection.  
  
Trip cost (excluding uniforms) will be $340.00

Qualifying Criteria for Summer EZ LC Zone Team:  
Top 2 in any individual event-according to VSI Top 10 Zone List  
or  
Attain (4) Qualifying Times  
Times must be achieved during the qualifying period, 2014 Summer Zones through 2015 LC Senior and Age Group Championships

Zone Age Groups:   
9-10  
11-12  
13-14  
15 - 18  
  
Any questions regarding the application process should be directed to Virginia Swimming Zone Team Manager: Maureen Tolliver: mtolliver@gmail.com

\* Required

**Swimmer's First Name \***

**Swimmer's Last Name \***

**Male/ Female**

[Male \/]

**Swimmer's Date of Birth \***

[Month \/] [Day \/] [2015 \/]

**Swimmer's Age Group as of Aug 5th, 2015 \***

What age group will you be competing in on the first day of meet?

[10 \/]

**Family/ Household Primary Email Address \***

Please use an email that is checked daily as all Team communication will occur through this email account

**Swimmer's Street Address**

**Swimmer's City/ Town**

**Swimmer's Zip Code**

**HOME Swim Club/ Team ( i.e. NOVA, CGBD, PSDN, etc) \***

**HOME Swim Club/ Team Coach email \***

**How Many QT's do you currently have?**

[0 \/]

**Swimmer Achievements**

Please list your current LCM Top Times for up to 6 events. Include The name of the meet, date and location. Please include those events for which you are already qualified. Ex: 100 Free: 1:03.19, PSDN River City, May 31, 2015

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| --- |
| [Submit]  Never submit passwords through Google Forms. |

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