

VIRGINIA SWIMMING

2018 CLUB INFORMATION

DATE _____ WEBSITE URL FOR CLUB _____

CLUB NAME _____ **CLUB CODE** _____

CLUB MAILING ADDRESS _____

Please all pages of this form and return to the VSI Office as soon as possible so that records can be updated and mailings sent to the appropriate individuals.

CLUB PRESIDENT _____

EMAIL _____ PHONE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
(USA membership is not required for Club President)

CONTACT PERSON _____ WORK PHONE _____

EMAIL _____ PHONE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
(USA membership not required for Club Contact)

HEAD COACH _____ WORK PHONE _____

EMAIL _____ PHONE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
(Head Coach must be a registered coach member of USA Swimming)

CLUB REGISTRAR _____

EMAIL _____ PHONE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
(USA membership is not required for Club Registrar)

CLUB TREASURER _____

EMAIL _____ PHONE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
(USA membership is not required for Club Treasurer)

DELEGATES TO THE VIRGINIA HOUSE OF DELEGATES
[MUST BE A REGISTERED MEMBER OF USA SWIMMING]

1. Name: _____
Address: _____
City State Zip Code _____
Home Phone: _____ Email: _____

2. Name: _____
Address: _____
City State Zip Code _____
Home Phone: _____ Email: _____

3. Name: _____
Address: _____
City State Zip Code _____
Home Phone: _____ Email: _____

3. Athlete's Name: _____
Address: _____
City State Zip Code _____
Home Phone: _____ Email: _____

ALTERNATES

5. Name: _____
Address: _____
City State Zip Code _____
Home Phone: _____ Email: _____

6. Athlete's Name: _____
Address: _____
City State Zip Code: _____
Home Phone: _____ Email: _____

