



MINNESOTA
SWIMMING

Minnesota Swimming 2024 Club Registrar Contact Form

Please return this form at the beginning of the registration year
AND any time you make changes to the below information.

Club Name:

Club Code:

Club Registrar Name:

Address: Street Address:
City/State/Zip:

Home Phone:

Work Phone:

Cell Phone:

E-mail Address:

(Please include an e-mail address where you can receive mail, attachments, and have the ability to make electronic transmissions.) Please, also, keep your email current with the Minnesota Swimming office.

Date:

To fill out this form, download, complete fields by tabbing through where indicated, save and return to me by email as an attachment:

tmeece@mnswim.org

Thanks! Tracy Meece, Operations Manager