



NAME OF MEET/DATE(S)

2019 Eastern Zone Open Water Championship 6/29/2019

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME LEGAL FIRST NAME MIDDLE NAME

PREFERRED NAME DATE OF BIRTH (MO/DAY/YR) SEX (M/F) AGE

(Bill, Beth, Scooter, Liz, Bobby)

GUARDIAN #1 LAST NAME /GUARDIAN #1 FIRST NAME GUARDIAN #2 LAST NAME GUARDIAN #2 FIRST NAME

MAILING ADDRESS

CITY STATE ZIP CODE

AREA CODE TELEPHONE NO. FAMILY/HOUSEHOLD E-MAIL ADDRESS

U.S. CITIZEN: YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION:

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? YES NO

OPTIONAL DISABILITY: RACE AND ETHNICITY

MAKE CHECK PAYABLE TO:

Connecticut Swimming, Inc.

MAIL APPLICATION & PAYMENT TO:

Jen Lyman 4B Hamre Lane Branford, CT 06405

2019 REGISTRATION FEE table with USA Swimming Fee \$10.00, LSC Fee 2.00, TOTAL DUE \$12.00

HIGH SCHOOL STUDENTS - Year of high school graduation:

YEAR LAST REGISTERED:

- Check if you would like to learn more about the USA Swimming Foundation's initiatives
Check if you would like to receive the electronic USA Swimming Newsletter

SIGN HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN DATE

REG. DATE/LSC USE ONLY