HAWAIIAN SWIMMING 2024 CLUB MEMBERSHIP APPLICATION

Date:	Full	Year	Seasonal
(Club Name) Swimming, USA Swimming for the September 202			s for membership in Hawaiian
attached forms, and \$30 payment MUST be rece	<u>ived</u> on or befo	re Decemb	er 31 to ensure the club registration
renewal will be effective on January 1 of the nex only after receiving initial approval from USA Sw	•	New club	s may submit application and payment
Club Name:	Club Code:	(m	aximum 4 letters only)
Note: If the club code is new or changed it is such			
The base annual club registration fee assessment registration is \$70 this year leaving \$30 balance payment. Hawaiian Swimming's <i>Club Official Qu</i> recover from CoVid swimming restrictions the la (2025 registration Club Official Quota is based on	to Hawaiian Swi I ota Policy , is su st 4 years. It wil	mming. Th spended fo l be re-inst	is completed form must accompany or the 2024 registration year as clubs ated for the 2025 registration year
Provide names for all positions listed below and [form attached].	complete the re	espective ro	oster information for each position
Head Coach: The Head Coach MUST have all certifications and certifications or requirements expire, another coin good standing and all athletes will be designated.	ach must be de	signated a	•
Club President:			
Club Delegate: If the Club Delegate is blank the Club President verthe club point of contact and will receive all corresponds must be submitted in writing (electronic Membership/Registration Coordinator.	vill be designate espondence fro	m USA Swi	mming. Change of the Club Delegate
Club Registrar: The Club Registrar will be the sole person to produce Membership/Registration Coordinator. Addition Swimming. Please contact the LSC Membership.	vide all registrat nal Club Registra	irs require	additional fees payable to Hawaiian
Club Treasurer:			
Mail to: Hawaiian Swimming c/o Gwenn Tomiyoshi 171 G Ainaola Dr. Hilo, Hawaii 96720		Email: ja	ckel@hawaiiantel.net
We agree to abide by the Hawaiian Swimming B rules of USA Swimming. We will also respect, ab Swimming.		_	
Signed: Club President	Signed:		
(Note: This club application will not be processe	d it it is not con	nniete i	

HAWAIIAN SWIMMING

CLUB ROSTER

(Please PRINT all data and information)

Club Name:		Club Code:	Date:		
Head Coach:			7' . 6 . 1 .		
Address:		City:	Zip Code:		
Phone No.:					
Email address:		_ Email Address (secondary): _			
Club President:					
Address:		City:	Zip Code:		
Phone No.:	(Cell)	Phone No.:	(alternate)		
Email address:		_ Email Address (secondary): _			
Club Delegate:					
Address		City:	Zip Code:		
Phone No.:	(Cell)	Phone No.:	(alternate)		
Email address:		_ Email Address (secondary): _			
Club Treasurer:					
Address:		City:	Zip Code:		
Phone No.:	(Cell)	Phone No.:	(alternate)		
Email address:		_ Email Address (secondary):			
Club Registrar:					
		City:	Zip Code:		
Phone No.:		Phone No.:(alternate)			
Email address:		Email Address (secondary):			