

# COACHES SIGN IN

**SHOW YOUR CURRENT COACH CERTIFICATION. BE SURE TO SIGN THIS SHEET AT EVERY SESSION OF THE MEET.**

**This form must be returned immediately following the conclusion of the  
competition by host to:  
Illinois Swimming  
1603 Orrington Ave Suite 600  
Evanston, IL 60201**

## Illinois Swimming

**1603 Orrington Ave Suite 600  
Evanston, IL 60201**

**Name of Meet** \_\_\_\_\_ **Session date** \_\_\_\_\_

**I hereby declare that I am a current/valid COACH member of USA Swimming.**

[illegible][illegible]

