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
1600 Golf Road Suite 1200
Rolling Meadows, IL 60008

Name of Meet			Session date					
I hereby declare that I am a current/valid COACH member of USA Swimming.								
CLUB	<u>PRINT</u> YOUR COACH NAME		CLUB	<u>PRINT</u> YOUR COACH NAME				
				1				