

NC SWIMMING TRANSFER REQUEST FORM

Last Name	First Name	Middle Name	
Address			
City			
Home Phone	_		
USA Swimming ID Number	:	_	
Date of Birth / / MO / DAY / YR	Sex Age	Preferred Name Bi	lly, Bob, Beth, Liz
Previous Club: LSC Code:	Club Code:	Club Name:	
Last date of competition rep	oresenting this club:		
Name of meet	(City	State
New Club: LSC Code:			
This will confirm that the al Unattached for 120 consecu- with USA Swimming Rules	tive days from the date of l		
Signature of Athlete, Parent or Guardian		D	ate
There is no fee for transferr	ing into or within NC.		
The Registrar of the LSC in has occurred. The old club club has obtained a court juthere is a court judgment, the satisfied.	has the responsibility to no dgment in accordance with	tify the LSC Registrar was USA Swimming Rules a	ithin sixty (60) days if the and Regulation 203.6. If
For Office Use Only: Date Recvd: Da	te of Last Attached Swim	Attach Date	