2025 SAAA TEAM MEMBERSHIP APPLICATION

Subject to Board Approval

Team Name: _____Team Abbr:_____

Pool Location: _____

Length: _____ Number of Lanes: _____ Heated: yes / no

Minimum Depth At Start Blocks:_____

Scheduled First Practice Date:_____

Head Coach

Name _____

Address _____

City _____ Zip _____ Phone _____

Email_____

Team Rep/President

Name _____

Address _____

City _____ Zip _____ Phone _____

Email_____

Assistant Coach

Name _____

Address _____

City _____ Zip _____ Phone _____

Email_____

Return this form, with a check payable to SAAA for $150.00, to the SAAA Admin Secretary. This is required for your team to be registered for 2025 and to have a vote in the Legislative Assembly.

Application Submitted by: _____ _____ _____

Signature Print Name Phone