

USA SWIMMING TRANSFER REQUEST FORM

CURRENT REGISTRATION II	NFORMATION:		
Last Name	First Name	Middle Name	
Address			
City		State	Zip
Home Phone	USA Sv	vimming ID Number:	
Family Email Address			
Date of Birth / / MO / DAY / YR	Sex Age	Preferred Name	Billy, Bob, Beth, Liz
Previous Club: LSC Code: <u>VA</u>	Club Code:	Club Name:	
Last date of competition represe	nting this club:		
Name of meet	(City	State
New Club: LSC Code:	Club Code:	Club Name:	
This will confirm that the above inf for 120 consecutive days from the d Rules and Regulations 203.3.			
Signature of Athlete, Parent or Gua	nrdian		Date
Please complete all information and required only if the swimmer is train	0	,	
The athlete's former club will be no former club to notify the LSC Regis to be unattached pursuant to Articl	strar if the club has obta	-	
Article 203.6 If a member club of a parents or custodians) for non-payr attached to the club that athlete sha judgment is paid.	nent of club membershi	o dues and fees which en	title the athlete to compete
Office Use Only:			
Date Processed:	Meet Verified	I	Attach Date: