

WISCONSIN SWIMMING TRANSFER FORM

Athlete's Name (L) _____ (F) _____ ((MI) _____

Address _____

City _____ State _____ Zip _____

Birthdate _____ Sex _____ USA Number _____
(MONTH-DATE-YEAR) (M-F)

Old USA Club Name _____ Code _____

Address _____

City _____ State _____ Zip _____ LSC _____

LAST USA COMPETITION REPRESENTING OLD CLUB **(MUST BE COMPLETED)**

Name of Meet _____ Date _____

New USA Club Name _____ Code _____

Address _____

City _____ State _____ Zip _____ LSC _____

I understand that I cannot legally represent my new USA club in any competitive event for a period of 120 consecutive days since the date of my last competition for my previous USA team; I must swim as UNATTACHED until the requested transfer has been completed.

I have no outstanding debts or fees due to my former club.

The above information is true and correct to the best of my knowledge.

Sign and Date _____ Phone _____

(parent or legal guardian if athlete is a minor)

Complete this form and return to your coach or club registration person.

Club Registration Chair: If transfer occurs September 1 --December 31, please include check for \$56 (swimmer must register for the new USA Swimming year)

Return completed form to: Wisconsin Swimming/Carol Graham
1716 Thrush Lane
Mequon, WI 53092