

# Neil Walker Swim Clinic

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Neil was raised in Verona, Wisconsin and began his career under VAC coach Randy Trowbridge. Walker set State, All-American, US Open, and NCAA records. He was the third swimmer in history to win 7 medals in a major international competition. Neil represented our nation in the 2000 & 2004 Olympics where he earned gold, silver, and bronze medals. Following, Neil Walker started a swim school and is the head coach of Rockwall Aquatics Center of Excellence in Rockwall, Texas.

- ★ Racing Skills
- ★ Mental Preparation
- ★ All Four Strokes
- ★ Question & Answer
- ★ Life Choices
- ★ Overcoming Adversity

Find out how Neil Walker became an Olympic Medalist

## December 17th and 18th

UW-Madison Natatorium 2000 Observatory Drive Madison  
Parking is free in the lot across from the Natatorium

### December 17th

\$70 - USA Swimmer Clinic

7:30-8:00 Registration  
8:00-12:00 Clinic  
12:00-1:30 Lunch,  
Question and Answer,  
Photos and Autographs

### December 17th

\$40 - Coaches Clinic

12:45-1:30 Registration  
and Lunch  
1:30-3:30 Clinic including  
Question and Answer

### December 18th

\$95 - Master or Triathlete

7:30-8:00 Registration  
8:00-12:00 Clinic  
12:00-1:30 Lunch,  
Question and Answer,  
Photos and Autographs

★ Clinics also include:  
lunch, t-shirt,  
and goody bag.



[www.swimvac.com](http://www.swimvac.com)



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Please send this form with payment payable to Verona Aquatic Club  
Verona Aquatic Club ~ Walker Swim Clinic  
PO Box 930273 ~ Verona, WI 53593

Please postmark by December 12th to help assure your space. Check website for availability after 12-12-11.

*(Space permitting) Same day registrations will be \$75 for USA Swimmers & \$100 for Masters & Triathletes. (Please check [www.swimvac.com](http://www.swimvac.com) for clinic space)*

### USA Swimmer Sign Up

Participant Name: \_\_\_\_\_ (must be 8 or up)  
Address, City, State: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Swim Team Affiliation: \_\_\_\_\_ Age/Birthdate: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_

### COACHES Clinic Sign Up

Coaches Name: \_\_\_\_\_  
Address, City, State: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Swim Team Affiliation: \_\_\_\_\_

### MASTER SWIMMER or TRI-ATHLETE Clinic Sign Up

Athletes Name: \_\_\_\_\_  
Address, City, State: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Please indicate:  Tri-Athlete  Master Swimmer  Both

Please note: There will be no videotaping during the clinic. Photo ops will be available.



[www.swimvac.com](http://www.swimvac.com) for more details