



USA SWIMMING
2017 APPRENTICE OFFICIAL APPLICATION
LSC: Metropolitan Swimming, Inc

**INITIAL TRAINING
 SESSION DATE:**

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION TO ENSURE THAT CONTACT INFORMATION IS CORRECT AND UP TO DATE:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been a member of USA Swimming under a different last name? If yes, please provide that name: _____

Previously registered with USA Swimming? Yes No If registered in a different LSC, which LSC: _____

PREFERRED NAME	DATE OF BIRTH (MO/DAY/YR)	SEX (M/F)	CLUB CODE	CLUB NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Bill, Beth, Scooter, Liz, Bobby)

If not affiliated with a club, enter "Unattached"

MAILING ADDRESS

CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

AREA CODE	TELEPHONE NO.	AREA CODE	TELEPHONE NO.	E-MAIL ADDRESS
HOME <input type="text"/>	<input type="text"/>	MOBILE <input type="text"/>	<input type="text"/>	<input type="text"/>

**THIS APPRENTICE OFFICIAL STATUS EXPIRES 60 DAYS FROM THE DATE OF THE INITIAL TRAINING SESSION.
 CONTACT YOUR LSC OFFICIALS CHAIR FOR FURTHER INSTRUCTIONS.**

MAIL OR EMAIL APPLICATION TO:

LSC Registrar Contact Info:
 Metropolitan Swimmiong
 99 Sheep Pasture Road
 Port Jefferson, NY 11777

LSC OFFICIALS CHAIR:

LSC Officials Chair Contact Info:
 Mark Amodio - amodio@vassar.edu