

SWIMMER(S) Registration Form 2018-2019

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	il Address:				-	
	Swimmer(s) N	Names:	(as used for USS	Registration I	Numbers)	
1.	FIRST NAME		LAST NAME		DOB	GROUP
 3. 	FIRST NAME		LAST NAME	M/F	DOB	GROUP
.	FIRST NAME	MI	LAST NAME	M/F	DOB	GROUP
	Mother's Name: Cell Phone: Employer:			Cell Phone	ime :	
	Type of Regis	stration				
	Uncle	Sam Rer	iewal			
	□ New Te	o USA-Sw	vimming (BIRTH CERTI	FICATE REQUIRED	<u>)</u>	
	☐ Transfe	er From C	Other USA-Swim Tear	n (\$5 fee) → AD) Transform form re	quired.
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	E-mail Inform		rinclude my contact info	ormation in a team	n directory	
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