

USA SWIMMING/FLORIDA SWIMMING, INC. 2017 TRANSFER REQUEST FORM

Last Name	First Name	Middle Name	
Address			
City		State	Zip
Home Phone			
USA Swimming ID Number:		<u> </u>	
Date of Birth / / MO/DAY/YR	Sex Age	Preferred Name	Billy, Bob, Beth, Liz
Previous Club: LSC Code: _	Club Code:	Club Name:	
Last date of competition repro	esenting this club:		
Name of meet	(City	State
New Club: LSC Code:	Club Code:	Club Name:	
This will confirm that the abo Unattached for 120 consecutive with USA Swimming Rules an	ve days from the date of l		
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The Registrar of the LSC into which the athlete is transferring will notify the old club that this transfer has occurred. The old club has the responsibility to notify the LSC Registrar within sixty (60) days if the club has obtained a court judgment in accordance with USA Swimming Rules and Regulation 203.6. If there is a court judgment, the swimmer will be Unattached until such time as the judgment has been satisfied.

Return to: Florida Swimming, Inc.

214 East Washington St., Suite B

Minneola, FL 34715

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