



REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME, LEGAL FIRST NAME, MIDDLE NAME

PREFERRED NAME, DATE OF BIRTH (MO./DAY/YR.), SEX (M/F), AGE, CLUB CODE, NAME OF CLUB YOU REPRESENT

FATHER'S LAST NAME, FATHER'S FIRST NAME, MOTHER'S LAST NAME, MOTHER'S FIRST NAME

MAILING ADDRESS

CITY, STATE, ZIP CODE

AREA CODE, TELEPHONE NO.

MAKE CHECK PAYABLE TO:

U.S. CITIZEN? YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION:

- DISABILITY: A. Legally Blind or Visually Impaired, B. Deaf or Hard of Hearing, C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment, D. Cognitive Disability such as mental retardation, severe learning disorder, autism

- ETHNICITY (In accordance with U.S. Census Bureau guidelines, you may make up to two choices if appropriate): Q. African American, R. Asian or Pacific Islander, S. Caucasian, T. Hispanic, U. Native American, V. Other

Sierra Nevada Swimming

MAIL APPLICATION & PAYMENT TO:

Sierra Nevada Swimming, Inc. P.O. Box 505 Turlock, California 95381 209-656-9686

REGISTRATION FEE table: USA Swimming Fee \$44.00, SN Fee 11.00, TOTAL DUE \$55.00

YEAR LAST REGISTERED _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2006, ENTER THAT CLUB CODE _____ LSC CODE _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB ____/____/____.

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.

SIGN HERE x _____ SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

CHECK IF YOU WOULD BE INTERESTED IN MAKING A DONATION TO THE USA SWIMMING FOUNDATION ANNUAL FUND