

2020 OUTREACH ATHLETE REGISTRATION APPLICATION LSC: WISCONSIN SWIMMING

PLEASE PRINT LEGIBLY COMPLETE ALL INFORMATION:

LAST NAME		LEGAL FIRST NAME			MIDDLE NAME		
					NAME OF CLUB YOU REPRESENT		
ll, Beth, Scooter, Liz, Bobby)			lf ne	ot affiliated with a clu	b, enter "Unattached"		
TE: If you are 18 years of age or old mber in good standing you must co						be a	
GUARDIAN #1 LAST NAME	GUARDIAN #1 FIRST		GUARDIAN #2 LA	ST NAME	GUARDIAN #2 FIRST NA	ME	
I	MAILING ADDRESS			IL			
CITY	S		ZIP CODE				
		-					
AREA CODE TELEPHONE NO.		FAMILY/HOUSEHOLD E-MAIL ADDRESS		SATHLI	ATHLETE'S EMAIL ADDRESS		
	AND ETHNICITY (You may to two choices):	MAKE CHECK PAYA Wisconsin Swin					
	ack or African American	MAIL APPLICATION	& PAYMENT TO:				
amputation, cerebral palsy, S. Wh	nite spanic or Latino	Wisconsin Swimming			2020 OUTREACH FEE Sept. 1, 2019 through Dec. 31, 2020		
mobility impairment 🛛 🗍 U. Am	nerican Indian & Alaska Native	C/O Angela Mo 1907 Cedarhur			USA Swimming Fee	\$5.00	
severe learning disorder, 🛛 🗍 W. Na	ative Hawaiian & Other Pacific	New London, V			LSC Fee	<u>\$0</u>	
autism Isla	ander		consinswimming	g.org	TOTAL DUE	\$5.00	
_	PER WORK SHOWIN						
WUST DE AT			FROFERLI K				
H SCHOOL STUDENTS – Year of high school grade				Check i	f you would like to learn more about	the USA	
AR LAST REGISTERED: IF YOU REGIS JB CODE: LSC CODE: AND				SwimmiCheck i	ing Foundation's initiatives f you would like to receive the electro ing Newsletter (must be 13 years of	onic USA	
SN RE x							
	ETE, PARENT OR GUARD	AN	DATE	_			