



USA SWIMMING
2018 APPRENTICE OFFICIAL APPLICATION
LSC: San Diego-Imperial Swimming

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:
 Deanna Rupp
 3511 Camino Del Rio S, Suite 405
 office@si-swimming.org

LSC OFFICIALS CHAIR:

LSC Officials Chair Contact Info:
 John Smigal
 john.a.m.smigal@gmail.com

****Italicized areas are editable for your current LSC information. You may use the remainder of the form for instructions specific to your LSC.**