



## The Coach Don Watkind's SWIM Award Pledge Card

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The mission of the Diversity Committee is to expand the sport of swimming to all types of swimmers in SISWIM programs

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Donor Name \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Amount of Pledge: \_\_\_\_\_

Paid in:  one-time donation  Installments - monthly/quarterly/annually (please circle)

Do you want the donation to be anonymous? Yes/No (please circle)

Signature \_\_\_\_\_

*All gifts are fully tax-deductible as permitted by current law. Please make checks payable to SISWIM c/o The Don Watkind's Award Fund and mail to:*

San Diego-Imperial Swimming  
c/o The Don Watkind's Award Fund  
3511 Camino Del Rio South  
Suite 405  
San Diego, CA 92108

Swimmer Information:

Name \_\_\_\_\_

Team Name: \_\_\_\_\_

Group Level: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (M/D/Year) Age \_\_\_\_\_ Sex F M (circle)

Address \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parent/Guardian Contact Information:

Father Printed Name: \_\_\_\_\_ E-mail \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother Printed Name: \_\_\_\_\_ E-mail \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Statement of Responsibility:

I understand that SISWIM will be relying on the information provided above in consideration of granting me an award. All the information provided by me is true and complete to the best of my knowledge.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**SWIM Financial Application Form (2017 – 2018)**

Swimmers Name: \_\_\_\_\_

Swimmers Address: \_\_\_\_\_

Father Printed Name: \_\_\_\_\_ E-mail \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor Phone \_\_\_\_\_

Father's Signature: \_\_\_\_\_

Mother Printed Name: \_\_\_\_\_ E-mail \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor Phone \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Occupation and Annual Household Income: \_\_\_\_\_

Do you qualify for School Free or Reduced Lunch? \_\_\_\_\_ If yes please attach a copy.

Number of other children (under 18) in the household; \_\_\_\_\_

We may ask for a copy of your most recent Federal Income Tax Return, which will be returned to you once the committee has meet.

If there has been a recent financial change, or you wish to further explain your need, please do so on the back of this form.

Signature of Father/Guardian: \_\_\_\_\_

Signature of Mother/Guardian: \_\_\_\_\_