COACHES SIGN IN

COACH MUST SHOW CURRENT COACH MEMBERSHIP CARD/DECK PASS PLUS IN ADDITION TO SIGNING THIS SHEET AT EVERY SESSION OF THE MEET.

This form must be returned within 10-business days post meet by host or a fine may be assessed.
Mail: Indiana Swimming – 11550 N Meridian, Suite 260 - Carmel, IN 46032 Email: office@inswimming.org FAX: 317-237-5783

Name of Meet _____ **Date(s)** _____

Session_____ **Sanction#**_____

I hereby declare that I am a current/valid COACH member of USA Swimming.

CLUB	*PRINTED COACH NAME*

CLUB	*PRINTED COACH NAME*

OFFICIALS SIGN IN

OFFICIAL MUST SHOW CURRENT INDIANA SWIMMING OFFICIALS CARD (FROM OTS)/DECK PASS PLUS, IN ADDITION TO SIGNING THIS SHEET AT EVERY SESSION OF THE MEET.

This form must be returned within 10-business days post meet by host or a fine may be assessed. Mail: Indiana Swimming – 11550 N Meridian St, Suite 260 - Carmel, IN 46032 Email: office@inswimming.org FAX: 317-237-5783

Meet Name _____ **Date(s)** _____

Session_____ **Sanction#**_____

I hereby declare that I am a current/valid non-athlete member of USA Swimming.

CLUB	*PRINTED NAME*

CLUB	*PRINTED NAME*