2019 North Dakota LSC Zone Athlete Application

Athlete Name: _____ Age: _____ D.O.B. _____

USA Swimming ID#: _____ Parents' Names: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Club: _____

Jacket Size: _____ T-Shirt Size: _____

*List below the individual events you would like to swim at the zones meet. Please start with the AAA qualifying events followed by AA and A events. Swimmers may enter no more than 6 individual events of which no more than 3 may occur on any given day.

Event	**Time**	**AAA (Yes or No)**	**Date Achieved**
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Yes or No: _____ I will be staying with Team ND at the Microtel Inn and Suites in West Fargo, ND

We agree that _____ (Athlete Name) will compete in the 2019 Central Zone Championship Meet if selected. The times set forth above are accurate to the best of our knowledge. We understand that the Coaching Staff is responsible for all entries as well as the selection of relay participants. We also agree to pay the $75 fee associated with the meet by the last day of the ND State Long Course Championship Meet.

_____ _____ _____

(Parent Signature) (Athlete Signature) Date