



USA SWIMMING
2019 APPRENTICE OFFICIAL APPLICATION
LSC: HAWAIIAN 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

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
	_ _ _ _ _ _ _	_	_ _ _	

(Bill, Beth, Scooter, Liz, Bobby)

If not affiliated with a club, enter "Unattached"

MAILING ADDRESS

CITY	STATE	ZIP CODE
	_	_ _ _ _ _ _ _

AREA CODE	TELEPHONE NO.	AREA CODE	TELEPHONE NO.	E-MAIL ADDRESS
HOME	_ _ _ _ _ _ _	MOBILE	_ _ _ _ _ _ _	

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:

HAWAIIAN SWIMMING
 c/o Gwenn Tomiyoshi
 171 G. Ainaola Dr
 Hilo, HI 96720

LSC OFFICIALS CHAIR:

HAWAIIAN SWIMMING
 Sandydrakemaui@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.**