North Alabama High School Swim League

MEMBERSHIP APPLICATION

School Name: _____

Address: _____

Phone number: _____School Website Address:_____

Swim Coach Name: _____

Phone number: _____Cell number: _____

E-mail addresses:1)_____2)_____

Dive Coach Name: _____ Phone #: _____

Cell #: _____ Email: _____

Swim Team Name: _____ Initials: _____

Swim Team Website Address: _____

Asst. Coach or Faculty Rep (circle one) Name: _____

Phone number: _____Cell number: _____

E-mail address: _____

Booster/Parent Rep. Name: _____

Phone number: _____Cell number: _____

E-mail address: 1)_____2)_____

Home Pool Name: _____

Pool Address: _____

Phone number: _____

Number of Lanes: _____ Length: _____ Electronic Timing: yes _____ no _____

Approx. Team Size - Swimmers: #Girls _____ #Boys _____ Divers: #Girls_____ # Boys _____

NAHSSL Dues of $25.00 paid to NAHSSL
Submit to: NAHSSL, P.O. Box 18401, HSV, AL 35804
Phone number: 256-534-1604 e-mail: glenncarr2000@yahoo.com

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