

Clinic Attendance Form

This form Must be submitted for EVERYONE who completes a clinic for ANY certification level.
They will NOT be considered an active apprentice for any position until this form is completed and submitted.

Clinic Date:
 Instructor:

Clinic Type:
 Clinic Location:

Area	Name (Last, first)	Address				email	Phone (fill in preferred contact)			Team	USA #, (if registered)
		Street	City	State	zip		home	mobile	work		

Save a copy for your records and email completed form to:

- o Roger Deary (dearyr@comcast.net) with copies to,
- o Cary Showalter (cshowalter@showtechsolutions.com) and
- o Florida Swimming office (FLSOffice2@aol.com) and
- o Area reps of all participants & Host Area Rep.

Notes (if any):

(Hint: use "alt" and "enter" keys together to start a new line of text)