



USA SWIMMING
2017 APPRENTICE OFFICIAL APPLICATION
LSC: Colorado Swimming Inc.

**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)

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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.

HOME

AREA CODE

TELEPHONE NO.

MOBILE

E-MAIL ADDRESS

**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:

LSC Registrar Contact Info:
Colorado Swimming -Jackie Stiff
PO BOX 816
Frederick, CO 80530
csiswimoffice@gmail.com

LSC OFFICIALS CHAIR:

LSC Officials Chair Contact Info:
Mike Dilli
mdilli@q.com