



Oregon Swimming Inc.

1750 SW Skyline Blvd #103

Portland OR 97221

503-297-6027

ATHLETE APPLICATION FOR TRANSFER

Name: (L) _____ (F) _____ (M) _____

Preferred first name _____

Address: _____ Phone: _____

City, State, Zip: _____

Date of Birth: ____/____/____ Sex (M) (F): ____ ID#: _____

Old USA Club Name: _____ Club Code: _____

City, State, Zip: _____ LSC Code: _____

LAST COMPETITION REPRESENTING PREVIOUS CLUB IN AN ATTACHED STATUS

Name of Meet: _____ Dates competed: _____

New Oregon Swimming Club: _____

I understand that I must remain unattached for 120 days from my last meet representing my former club.

Signature: _____ Date: _____
(Athlete, parent or guardian)

Mail this application form to the Oregon Swimming Office.

DO NOT WRITE BELOW THIS LINE

Received: _____ Old Club: _____

Day 121: _____ New Club: _____

Attach: _____ Swimmer Notified: _____