

MINNESOTA SWIMMING ATHLETE TRANSFER APPLICATION

September 1, 2008

PARENT OR ADULT ATHLETE MUST READ, COMPLETE & SIGN THIS APPLICATION

Please note: If the MSI office does not receive a completed/signed transfer form, the transfer will not be processed and no new club affiliation will be reflected for the athlete.

*** Transfers will NOT be accepted at MSI Swim Meets except to Unattached status. ***

Athlete's Legal Name: _____
Last Name First Name Middle Initial Preferred Name

Athlete's Current Address: _____
NEW? Yes / No Address & Street City State Zip Code

Home Phone Number: _____ - _____ - _____ **Athlete's Birth Date:** ____ / ____ / ____
NEW? Yes/ No Area Code Month Day Year

Athlete's USA-S Registration ID# _____ **Gender:** (Circle) M F

OLD INFORMATION

Former Club You Represented: _____ **Club Code:** _____ **LSC:** _____

NEW INFORMATION

Name of New Club: _____ **New Club Code:** _____

Statement of Transfer and Good Standing:

I understand that I cannot represent my new USA-S club in any competitive event for a period of 120 consecutive days since my last competition representing my previous club and must swim UNATTACHED until the requested transfer has been approved & completed in the swim office. I will not participate on any club relays until my transfer is approved.

I have no outstanding fees or debts with my old club. This information is correct to the best of my knowledge.

Last USA Swimming competition representing your previous club in an attached status (REQUIRED)

The date listed is the last day of the meet that I swam. If the date of last competition is left blank, the 120 days will begin the date the transfer form is received at the swim office.

Date: _____ **Meet:** _____ **Location:** _____

Signature of Parent or Adult Athlete (REQUIRED): _____

Transfer is effective upon receipt by the MSI Swim Office of the completed transfer form.

Athlete will be unattached until the 120 days is determined and/or transfer is resolved. Based on the attachment date, the athlete will be issued either an unattached card or an attached card reflecting the new club.

Mail completed/signed form to:

Mach 3 Flyers
c/o Chuck Gannon
18520 34th Avenue North
Plymouth, MN 55447

OFFICE USE ONLY: Date Received _____ Fee pd. Check # _____ From _____

Original Registration Date _____ Attachment Date: _____

MN-Unattached card issued _____ Transfer Complete (MN-Attached card issued) _____