



**USA SWIMMING**  
**2019 APPRENTICE OFFICIAL APPLICATION**  
**LSC: GULF SWIMMING**

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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)	SEX (M/F)	CLUB CODE	CLUB NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Bill, Beth, Scooter, Liz, Bobby)

If not affiliated with a club, enter "Unattached"

**MAILING ADDRESS**

CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

AREA CODE	TELEPHONE NO.	AREA CODE	TELEPHONE NO.	E-MAIL ADDRESS
HOME <input type="text"/>	<input type="text"/>	MOBILE <input type="text"/>	<input type="text"/>	<input type="text"/>

**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:**

**Gulf Swimming**  
 Attention: Membership  
 1415 South Voss Road, Suite 110-355  
 Houston, Texas 77057  
 Loren.fischbach@gulfswimming.org

**LSC OFFICIALS CHAIR:**

**Tom Jones**  
 tomjones.gulf@gmail.com