## APPLICATION FOR TRANSFER

SWIMMER'S NAME				
	Last		First	M. I.
ADDRESS				
CITY		STATE	ZIP	
PHONE ()		AGE	SEX _	
Athlete ID number: _		– – – – First M		
NEW CLUB CODE				
OLD CLUB CODE		_		
Date of last USA Swir	nming sand	tioned com	petition	
Complete all the informembership card to:	rmation. Re	eturn with \$	5.00 fee and	current
Central California Swi	mming Reg	$_{ m ristration}$ / ${f N}$	1embership	Chairmai

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