

NEW JERSEY SWIMMING TRANSFER REQUEST FORM - 2020

Last Name First Name		Middle Name	
Address			
			Zip
Home Phone			
USA Swimming ID Numb	er:		
Date of Birth / MO/DAY/YR	Sex Age	Preferred Name	e Billy, Bob, Beth, Liz
Previous Club: LSC Cod	e: Club Name:	Club Code:	
Last date of competition	representing this club:		
Name of meet		City	State
New Club: LSC Code:	Club Code:	Club Name:	
	20 consecutive days fro	m the date of last op	that the above athlete will en sanctioned competition
Signature of Athlete, Pare	ent or Guardian		Date
			te 105 PMB 349, Wall NJ 0771
	ar if the club has obtained a		onsibility of the athlete's former ould cause the swimmer to be
Article 203.6 If a member club parents or custodians) for nor attached to the club that athle is paid.	n-payment of club members	hip dues and fees which	
Office Use Only			
Date Rcvd:Meet V	erified: Initials:	Attach Date:	
		<u>_</u>	Fee: <mark>\$5.00</mark> / \$75.00