

Remittance Summary for 2008 USA Membership

Club _____ Code _____
 Registration Chair _____ Phone _____
 Address _____
 City, State, Zip _____

Club Registration (club membership form **must** be completed) _____ x \$125 = _____

Athlete Registration

Annual (9 and over) _____ x \$49 = _____
 Annual (8 and under) _____ x \$42 = _____
 Annual OUTREACH _____ x \$ 5 = _____
 Season1 (April 1--August 26) _____ x \$32 = _____
Non Electronic fee(per athlete) _____ x \$ 5 = _____

Non-Athlete Registration

Non athlete (official or other) _____ x \$49 = _____
 Coach (**current USA background screen required**) _____ x \$49 = _____
CPR~ First Aid~ Life Guarding/Safety Training for Swim Coaches
 Family (2 non athlete members with same name and address) _____ x \$90 = _____

Transfer (form must be completed and signed)

Swimmer transfer (registered for current year) _____ x nc = _____
 Swimmer transfer (if not registered for current year) _____ x \$49 = _____
 (Must register for current year with transfer application)

Total _____

Club Check _____
Date _____
Total Charge _____
Refund Due _____

Club Receipt Remittance Summary

Club Registration _____ x \$125 = _____

Athlete Registration

Annual (9 and over) _____ x \$49 = _____
 Annual (8 and under) _____ x \$42 = _____
 Annual OUTREACH _____ x \$ 5 = _____
 Season1 _____ x \$32 = _____
Non Electronic fee _____ x \$ 5 = _____

Non-Athlete Registration

Non athlete (official or other) _____ x \$49 = _____
 Coach _____ x \$49 = _____
 Family _____ x \$90 = _____

Transfer (form must be completed and signed)

Swimmer transfer (registered for current year) _____ x nc = _____
 Swimmer transfer (registered previous year) _____ x \$49 = _____

Total _____

Club Check _____
Date _____
Refund Due _____

Please allow 4-6 weeks for your refund check to be processed.

Return this form, correct documents, and a club check payable to

Wisconsin Swimming
 Carol Graham
 1716 Thrush Lane
 Mequon, WI 53092