

# WISCONSIN SWIMMING TRANSFER FORM

Athlete's Name (L) \_\_\_\_\_ (F) \_\_\_\_\_ ((MI) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ USA Number \_\_\_\_\_  
(MONTH-DATE-YEAR) ( M-F)

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Old USA Club Name \_\_\_\_\_ Code \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ LSC \_\_\_\_\_

## LAST USA COMPETITION REPRESENTING OLD CLUB (MUST BE COMPLETED)

Name of Meet \_\_\_\_\_ Date \_\_\_\_\_

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New USA Club Name \_\_\_\_\_ Code \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ LSC \_\_\_\_\_

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I understand that I cannot legally represent my new USA club in any competitive event for a period of 120 consecutive days since the date of my last competition for my previous USS team; I must swim as UNATTACHED until the requested transfer has been completed.

I have no outstanding debts or fees due to my former club.

The above information is true and correct to the best of my knowledge.

Sign and Date \_\_\_\_\_ Phone \_\_\_\_\_  
(parent or legal guardian if athlete is a minor)

Complete this form and return to your coach or club registration person.

*Club Registration Chair: If transfer occurs September 1 --December 31, please include check for \$49 (swimmer must register for the new USA Swimming year)*

*Return completed form to:* Wisconsin Swimming/Carol Graham  
1716 Thrush Lane  
Mequon, WI 53092