

## Remittance Summary for 2010 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 \$53 = \_\_\_\_\_  
 Annual (8 and under) \_\_\_\_\_ x \$46 = \_\_\_\_\_  
 Annual OUTREACH \_\_\_\_\_ x \$ 5 = \_\_\_\_\_  
 Season1 (April 1--August 26) \_\_\_\_\_ x \$36 = \_\_\_\_\_  
**Non Electronic fee (per athlete)** \_\_\_\_\_ x \$ 5 = \_\_\_\_\_

**Non-Athlete Registration**

Non athlete (official or other) \_\_\_\_\_ x \$53 = \_\_\_\_\_  
 Coach (**current USA background screen required**) \_\_\_\_\_ x \$53 = \_\_\_\_\_  
**CPR and First Aid or Life Guarding and Safety Training for Swim Coaches**  
 Family (2 non athlete members with same name and address) \_\_\_\_\_ x \$97 = \_\_\_\_\_

**Transfer (form must be completed and signed)**

Swimmer transfer (registered for current year) \_\_\_\_\_ x nc = \_\_\_\_\_  
 Swimmer transfer (if not registered for current year) \_\_\_\_\_ x \$53 = \_\_\_\_\_  
 (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 \$53 = \_\_\_\_\_  
 Annual (8 and under) \_\_\_\_\_ x \$46 = \_\_\_\_\_  
 Annual OUTREACH \_\_\_\_\_ x \$ 5 = \_\_\_\_\_  
 Season1 \_\_\_\_\_ x \$36 = \_\_\_\_\_  
**Non Electronic fee** \_\_\_\_\_ x \$ 5 = \_\_\_\_\_

**Non-Athlete Registration**

Non athlete (official or other) \_\_\_\_\_ x \$53 = \_\_\_\_\_  
 Coach \_\_\_\_\_ x \$53 = \_\_\_\_\_  
 Family \_\_\_\_\_ x \$97 = \_\_\_\_\_

**Transfer (form must be completed and signed)**

Swimmer transfer (registered for current year ) \_\_\_\_\_ x nc = \_\_\_\_\_  
 Swimmer transfer (registered previous year) \_\_\_\_\_ x \$53 = \_\_\_\_\_

**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