



# 2025 Arizona Swimming Club Application

CLUB CODE: \_\_\_\_\_ CLUB NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
CLUB WEB SITE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

## CLUB ADMINISTRATOR (This person will receive AZ/USA Swimming mailings and be responsible for distributing the information.)

NAME: \_\_\_\_\_ POSITION (board president, owner, coach, etc.): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ CELL: \_\_\_\_\_  
FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## HEAD COACH

COACH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ CELL: \_\_\_\_\_  
FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## CLUB PRESIDENT

CLUB PRESIDENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ CELL: \_\_\_\_\_  
FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## SAFE SPORT COORDINATOR

SAFE SPORT COORDINATOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ CELL: \_\_\_\_\_  
FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## CLUB REGISTRAR

CLUB REGISTRAR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ CELL: \_\_\_\_\_  
FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CLUB TREASURER**

CLUB TREASURER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ CELL: \_\_\_\_\_  
FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**ATHLETE REPRESENTATIVE – Member of Athlete Committee – *Must be 2025 member of USA Swimming***

**ATHLETE REPRESENTATIVE FOR CLUB:** \_\_\_\_\_  
*(Must be 14 years of age or 8th grade by September 1st of the year of appointment and currently competing)*

ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ CELL: \_\_\_\_\_  
FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Please make sure to have parent or athlete (over 18) fill out the Athlete Email Permission form.

**VOTING DELEGATES TO ARIZONA SWIMMING HOUSE OF DELEGATES – *Must be 2025 member of USA Swimming***

**VOTING MEMBER NO 1:** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ CELL: \_\_\_\_\_  
FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**VOTING MEMBER NO 2:** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ CELL: \_\_\_\_\_  
FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_