



2009 SKY TEAM MEMBERSHIP APPLICATION



Team Name	Team Abbreviation				
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hereby make application for (check one) **new** **renewal** annual membership (December 1, 2008, to December 31, 2009, in **United States Masters Swimming Inc.**, as administered by the Local Masters Swimming Committee listed below. The team, if accepted, agrees to abide by and be governed by all rules and regulations of both United States Masters Swimming Inc. and the Local Masters Swimming Committee listed below. NOTE: The name and address on this form may be used publicly when requested for club swimming information.

Signature	Title	Date
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CONTACT TO RECEIVE MAIL CORRESPONDENCE:

Name	Title			
Address				
City	State	ZIP Code		
Home Tel: ()	Work Tel: ()	Ext:		
E-Mail Address:				

TEAM DELEGATE TO LMSC MEETINGS: (MUST BE WILLING/ABLE TO ATTEND TWO MEETINGS PER YEAR)

This team will not identify a delegate, therefore giving up the opportunity for representation during LMSC meetings.

Name	Title			
Address				
City	State	ZIP Code		
Home Tel: ()	Work Tel: ()	Ext:		
E-Mail Address:				

MAIN POOL WHERE YOUR TEAM WORKS OUT

Facility Name				
Address				
City	State	ZIP Code		
Phone: ()	Web site:			
Private Membership Only	Public Invited			
Practice Dates and Times				
Other Information				

OTHER POOL WHERE YOUR TEAM WORKS OUT

Facility Name				
Address				
City	State	ZIP Code		
Phone: ()	Web site:			
Private	Public Invited			
Practice Dates and Times				
Other Information				

List four team members who are guaranteed to register for the 2009 season to form a team. 1. 2. 3. 4.	Application Fee:	\$30.00
	Make Check Payable To:	Swim Kentucky Masters
	Mail This Form To:	Pam Luebbe, Team Registrar 3608 Trail Creek Place Louisville, KY 40241
	Email questions to:	luv2swim4497@msn.com