

New Team:			Club Code:
Swimmer's Name:			
Birth Date:			🗌 Male 🗌 Female
Address:			
City:		State:	_ Zip:
Phone:			
Previous Team:			Club Code:
Last USA meet where the swimmer represented the previous team was:			
(name of meet)	at (pl	ace)	on (date)
I certify that the above information is correct, and that the swimmer named above is transferring from the previous swimming club/team free of any debt or financial obligations to that team/club.			
			Date
(Signature of Swimmers P	arent or Guardian)		
Fill out all the above information and mail to the NJ Swim Office with appropriate fees. \$5.00 for transfer (& \$49.00 if not registered for 2007 as yet)			
Any and all Incomplete paperwork will be returned for completion			
NEW JERSEY SWIMMING – OF			
Date Received	Meet Verified	Initials	Attach Date
Previous Team Head Coach	۸ ۱	New team Attach date Notified New Team	Fee \$5.00
1933 Rt 35 Ste 105 PMB 349 Wall NI 07719-3502			

1933 Rt 35, Ste 105 PMB 349, Wall, NJ 07719-3502 732.206.0700(phone) <u>office@njswim.org</u> 732.206.9880(fax)