

2011 ILMSA CLUB and TEAM REGISTRATION FORM

**CLUB and TEAMS must be registered before your swimmers can register.
Registration for swimmers starts November 1**

<input type="checkbox"/> New <input type="checkbox"/> Renewal For voting privileges in ILMSA a CLUB or TEAM, must have 4 individual members. If this is a CLUB registration state the name of the CLUB: _____ Club Fee: \$35.00 If this is a TEAM registration state the name of the Team: _____ A TEAM is a subgroup of a registered CLUB; Identify the CLUB to which this TEAM attaches: _____ If you are not sure whether to register as a Team or Club please send an e-mail to chair@ilmsa.com. Team Fee Schedule as of October 1, 2010: Illinois Masters: \$25.00	Make check payable to ILMSA Mail form and check: ILMSA 800 Oak Street PO Box 344 Danville, IL 61834 Questions: Chris Colburn chair@ilmsa.com	For Office Use Only: Date Received: Check #: Amount:
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The _____ (abbr up to 4 letters _____) _____
Official club/team name

hereby makes application for annual membership in United States Masters Swimming, Inc as administered by Illinois Masters Swimming Association (ILMSA). The club/team. If accepted, agrees to abide by and be governed by all rules and regulations of both United States Masters Swimming, Inc and Illinois Masters Swimming Association.

Note: The names and addresses on this form may be used publicly when requested for club/team swimming association.

Signature

Date

Club/Team Title

Contact Person to Receive Registration/ ILMSA Information:

Name: _____

Telephone: (_____) _____ - _____

E-Mail Address: _____

Mailing Address: _____

ILMSA Club Representatives for Voting Purposes:

1) Name: _____

Telephone: (_____) _____ - _____

E-Mail Address: _____

Mailing Address: _____

2) Second vote for clubs/teams greater than 100 members or first alternate

Name: _____

Telephone: (_____) _____ - _____

E-Mail Address: _____

Mailing Address: _____

3) Third vote for clubs/teams greater than 150 members or second alternate

Name: _____

Telephone: (_____) _____ - _____

E-Mail Address: _____

Mailing Address: _____

Head Coach: (Should be a ILMSA member or a Coach/Member of USA swimming)

Name: _____

Telephone: (____) _____-

E-Mail Address: _____

Mailing Address: _____

Head/Assistant Coach: (Should be a ILMSA member or a Coach/Member of USA swimming)

Name: _____

Telephone: (____) _____-

E-Mail Address: _____

Mailing Address: _____

Assistant Coach: (Should be a ILMSA member or a Coach/Member of USA swimming)

Name: _____

Telephone: (____) _____-

E-Mail Address: _____

Mailing Address: _____

Workouts, Times, and Locations (pool address, contact phone, days and hours of workouts, any special instructions):

Name of Pool: _____

Pool Address _____

Workout Times: _____

Name of Pool: _____

Pool Address _____

Workout Times: _____

Name of Pool: _____

Pool Address _____

Workout Times: _____

Contacts: _____

URL of your Club website if any: _____

Miscellaneous Information: _____

Club/Team is affiliated with

_____ USA Club, _____ HS, _____ YMCA, _____ College, _____ Health/Fitness, _____ Parks & Rec, OTHER _____

Does your facility require your club/tam members to be registered with USMS for insurance purposes? _____

If not, what percentage of your members are registered? _____

Club focus: (circle all that apply): Fitness Competition Triathlons Seniors Other: _____

Would your Club/Team be interested in hosting a ILMSA event (social, postal, clinic, swim meet): _____