



# 2026 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 2026 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 2026 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: \_\_\_\_\_