MINNESOTA SWIMMING
REGISTRATION - TRANSMITTAL OF FUNDS

Revised 9-1-05

USE ONE TRANSMITTAL FORM PER CLUB / PER ELECTRONIC BATCH

Please complete the proper sections of this form when preparing your registration transmittal. All forms, applications, and fees must be included with this report or they will not be processed. **ALPHABETIZE** each batch of athlete forms that you send.

Club: _____ **Club Code** _____ **Date:** _____
Complete Club Name — 1 - 4 Character Club Initials

ATHLETE REGISTRATION

Athlete Registration Applications — #_____ X $50.00 = $_____
(New & Renew - Year Round) **Electronic Batch #** _____

Economically Disadvantaged Reduced Fee Applications — #_____ X $ 5.00 = $_____
(New & Renew – Year Round ONLY) **Electronic Batch #** _____

Seasonal Athlete Applications — #_____ X $30.00 = $_____
New & Renew - valid only from March 10 - August 6, 2005

Athlete Transfer Applications (ALL) — #_____ X $ 5.00 = $_____

NON-ATHLETE REGISTRATION

Non-Athlete Transfer Applications — #_____ X $ 3.00 = $_____

Non-Athlete Applications (Individual and Coach) — #_____ X $47.00 = $_____
(Coaches MUST ATTACH front and back side copies of current required coach safety certifications per 2005-06 Listing;
1st year coaches since 9/1/98 must successfully complete 1st Yr Coach test with USA-S Notification to MSI before 2nd year.)

Family Non-Athlete Applications (2 Adults / Same Family) — #_____ X $85.00 = $_____

CLUB MEMBERSHIP (new & renew – attach completed club charter form) — $100.00 = $_____
(MUST INCLUDE current year's non-athlete & coach registrations)

TOTAL AMOUNT ENCLOSED (DUE MSI) $_____

Email transmittals of electronic registration will NOT be processed until forms & payment are received.
Fax transmittals of registration will not be accepted or processed without payment.

PLEASE COMPLETE: ☐ Club Registrar ☐ Other _____

Name: _____ Day Phone: (_____)_____

Cell Phone: (_____)_____ Email: _____

Address _____

City, State & Zip _____

MSI OFFICE USE ONLY

Date Received: _____

☐ Registration Hard Copies ☐ Batch Report

Amount paid to MSI: $_____ Check # _____ From: _____
Previous Balance $_____
Credits/Shortages $_____ Billed Club $ _____ Date Billed _____
Overage Paid to Club $_____ Check # _____ Date Paid _____
Shortage Pd by Club $_____ Check # _____ Date Paid _____
Ending Balance $_____

Comments: _____

Mail this report with all forms, fees & **ONE CHECK** to:
(Make checks payable to Minnesota Swimming)

Minnesota Swimming, Inc.
1001 Highway #7
Hopkins, MN 55305

INQUIRIES:
952/988-4184, ext. 1
cshapley@mnswim.org