



MINNESOTA SWIMMING

CLUB MEMBERSHIP Assistant Coach Addendum

If more assistant coaches are affiliated with your club, please make a copy of this page to list them all.

CLUB NAME: _____ CLUB CODE: _____

submitting as part of Club Membership Application OR submitting as a change only

ASSISTANT COACH: (Must be a current USA Swimming COACH member for all coaching privileges on deck & at meets.)

Name: _____ Birth Date: _____

Address _____ City: _____ State: _____ Zip: _____

Home Phone: ____/____ Business Phone: ____/____ Fax: ____/____

Cell Phone: ____/____ Email [required]: _____

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