



MINNESOTA
SWIMMING

Minnesota Swimming Club Registrar Contact Form

Please return this form at the beginning of the registration year AND whenever any of this information changes.

Club Name: _____

Club Code: _____

Club Registrar: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Fax Number: _____

E-mail Address: (Please include an e-mail address where you can receive mail, attachments, and have the ability to make electronic transmissions.) Keep your email current with MSI.

Please return this form to: Cassy Shapley, Registration Chair
Minnesota Swimming, Inc.
1001 Highway #7
Hopkins, MN 55305