

MINNESOTA SWIMMING REGISTRATION - TRANSMITTAL OF FUNDS

Revised 8-16-07

USE ONE TRANSMITTAL FORM PER CLUB (each time you send one or more registration batches)

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:** _____
Full Club Name 1 - 4 Character Club Initials

ATHLETE REGISTRATION Separate applications by batch in alpha order.

Athlete Registration Applications # _____ X \$ **52.00** = \$ _____
(New & Renew - Year Round) **Electronic Batch #'s** _____

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

Seasonal Athlete Applications **Electronic Batch #2** # _____ X \$ **32.00** = \$ _____
New & Renew - valid only from **March 10 - August 6, 2008**

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

NON-ATHLETE REGISTRATION

Non-Athlete Transfer Applications # _____ X \$ **3.00** = \$ _____

Non-Athlete Applications (Individual and Coach) # _____ X \$ **49.00** = \$ _____

(Coaches MUST ATTACH copies of current required coach safety certifications per 2006-07 Coach Safety Curriculum. 1st year coaches since 9/1/98 must successfully complete 1st Yr Coach test before 2nd year coach membership application.)

Family Non-Athlete Applications (2 Adults / Same Family) # _____ X \$ **90.00** = \$ _____

CLUB MEMBERSHIP MUST INCLUDE 2008 non-athlete application/fee for Safety Coordinator & Head Coach + current coach certifications.

CLUB MEMBERSHIP (new & renew - attach completed club charter form) \$ _____ = \$ _____

See Fee Schedule for Club Membership. Fee depends on date received & approved.

SEASONAL CLUB MEMBERSHIP (Attach completed club charter form) \$ **100.00** = \$ _____

New & Renew - valid only from **March 10 - August 6, 2008**

TOTAL AMOUNT ENCLOSED (DUE MSI) \$ _____

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

PLEASE COMPLETE: Club Registrar Other _____

Name: _____ **Day Phone:** (_____) _____

Cell Phone: (_____) _____ **Email:** _____

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. 4181
cshapley@mns swim.org