

STAR REQUEST

THIS FORM MUST BE MAILED WITHIN TWO WEEKS AFTER THE LAST DAY OF THE MEET.

PLEASE CHECK ONE: In Finals? ___ Yes

___ National Qualifying

___ US Open

___ Relay Use ONLY

___ No

COMPLETE CURRENT USA SWIMMING ID # _____

*STAR WILL NOT BE ISSUED WITHOUT THIS NUMBER

NAME _____ BIRTHDAY _____ SEX M F
(LAST) (FIRST) (MI) (CIRCLE ONE)

CLUB AFFILIATION _____ ASSOCIATION _____
*** IF UNATTACHED WRITE IN YOUR HOME TOWN AND LIST YOUR CLUB IN PARENTHESIS

EVENT _____ M / Y _____ LC / SC OFFICIAL TIME _____
(DISTANCE) (METERS / YARDS) (STROKE) (COURSE)

MEET TITLE _____ DATE OF EVENT _____
(INCLUDE NAME OF MEET, CITY AND STATE)

	RELAY MEMBERS	AGE	CURRENT USA SWIMMING ID #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

*** NOTE: IF YOU ARE UNATTACHED NOW, BUT WILL BECOME ATTACHED BY NATIONALS OR THE US OPEN, PLEASE STATE THE NAME OF THE CLUB WITH WHOM YOU WILL BE AFFILIATED.

CLUB _____ CITY _____ STATE _____

STAR ISSUED TO: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: () _____

