



Illinois Swimming, Incorporated
 Officials Clinic Registration Form
 STROKE & TURN JUDGE or ADMINISTRATIVE JUDGE

*Your registration **MUST** be received at least 10 DAYS before the clinic*

Club affiliation/Code: _____ / _____

Name: _____

Date of Birth: _____

Address: _____

Telephone: _____

E-Mail: _____

Please Print Clearly

Clinic Level: JUDGE

ADMINISTRATIVE JUDGE

NON-ATHLETE MEMBERSHIP REQUIRED FOR NEW OFFICIALS: APPLICATIONS AVAILABLE ON ISI WESITE

Clinic Location: _____

Clinic Date: _____

I understand that if there is insufficient registration for the clinic one week prior to the clinic date that the clinic will be cancelled. Registration fee will be carried over to the next available clinic I wish to attend. Fees for missed clinics are non-refundable, but will be applied to the next available clinic I wish to attend.

Signature: _____

TO REGISTER:

- MAIL THIS FORM, ALONG WITH CLINIC FEE OF \$30 AND \$60 MEMBERSHIP FEE (Check payable to Illinois Swimming Inc.) TO:**

Illinois Swimming Inc.
 Attn: Clinic Registration
 3166 S. River Rd. Suite 30
 Des Plaines, IL 60018
 FAX: 847-824-1726
 E-MAIL: ilswimoffice@sbcglobal.net

Office Use Only:	
_____ E-Mail sent Date _____	
_____ Packet Sent Date _____	
_____ Card Made Date _____	