



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: \_\_\_\_\_

Mailing 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:**

1. **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  
 1400 E. Touhy Ave. Suite 245  
 Des Plaines, IL 60018  
 FAX: 847-824-1726  
 E-MAIL: kim.mcbride@ilswim.org

<b>Office Use Only:</b>	
_____ E-Mail sent Date _____	
_____ Packet Sent Date _____	
_____ Card Made Date _____	