



Illinois Swimming, Incorporated  
 Officials Clinic Registration Form  
**Starter and Referee**

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

**Please Print Clearly**

Club affiliation/Code: \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

- Clinic Level:     **STARTER** (Prerequisites: Current USA Non-Athlete Membership, Stroke and Turn Judge, worked 20 sessions after certification)
- REFEREE** (Prerequisites: Current USA Non-Athlete Membership, Starter for at least one year after completion, 20 sessions worked in that level, completions of Administrative Judge, letter of recommendation from a current ISI Referee (certified for at least two years))

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

2. **REFEREES ONLY:** Include a letter of recommendation letter from a Referee ( at least two years in that position) with your form.

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