



ILLINOIS SWIMMING

# Illinois Swimming, Incorporated

## OFFICIALS CLINIC REGISTRATION FORM STROKE & TURN JUDGE or ADMINISTRATIVE JUDGE

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

Name: \_\_\_\_\_  
Last First Initial

Mailing Address: \_\_\_\_\_  
Street City State ZIP

Telephone: home (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Clinic level:  Stroke & Turn Judge  Administrative Judge

**(USA Swimming Non-Athlete Membership required for new officials; Registration form available on ISI Website)**

I am already registered as a 2008 non-athlete member of USA Swimming, registration # \_\_\_\_\_

Clinic location/date: \_\_\_\_\_  
(Location and date to be found on the ISI Website (ilswim.org))

I understand that if there is insufficient registration for the clinic one week prior to the clinic date that the clinic will be cancelled. USA Swimming membership fees will NOT be refunded, since registrations are processed immediately. However, clinic registration fees will be carried over and applied to the next available clinic I wish to attend. Fees for missed clinics also are non-refundable, but will be applied to the next available clinic I wish to attend.

Signature: \_\_\_\_\_

CLINIC FEES	
<input type="checkbox"/>	\$30.00 Clinic Fee
<input type="checkbox"/>	\$60.00 (\$100.00 family) USA Swimming Non-Athlete Membership
<i>{Be certain to complete and include USA Swimming form}</i>	
<b>TOTAL ENCLOSED:</b> _____	
All USA Swimming and clinic fees <b>MUST</b> be included with this form; make check (one is acceptable) payable to <b>Illinois Swimming Inc.</b>	

<b>TO REGISTER:</b>
<b>1. MAIL FORMS AND CLINIC FEES TO:</b>
Illinois Swimming Inc.
Attn: Clinic Registration
3166 S. River Rd. Suite 30
Des Plaines, IL 60018
FAX: 847-824-1726
E:MAIL: <a href="mailto:ilswimoffice@sbcglobal.net">ilswimoffice@sbcglobal.net</a>
Registration forms <b>MUST</b> be received <u>at least one week</u> before the clinic