COACHES SIGN IN

SHOW YOUR CURRENT COACH MEMBERSHIP CARD. BE SURE TO SIGN THIS SHEET AT EVERY SESSION OF THE MEET.

This form must be returned by host, or be assessed a fine, to:
Indiana Swimming
201 S. Capitol, Suite 410
Indianapolis, IN 46225

Name of Meet _____ **Date(s)** _____

I hereby declare that I am a current/valid COACH member of USA Swimming.

CLUB	*PRINTED COACH NAME*

CLUB	*PRINTED COACH NAME*

OFFICIALS SIGN IN

SHOW YOUR CURRENT NON-ATHELTE MEMBERSHIP CARD AND YOUR INDIANA OFFICIALS CARD.
SIGN THIS SHEET AT EVERY SESSION OF THE MEET.

This form must be returned by host, or be assessed a fine, to:
Indiana Swimming
201 S. Capitol, Suite 410
Indianapolis, IN 46225

Meet Name _____ **Date(s)** _____

I hereby declare that I am a current non-athlete member of USA Swimming.

CLUB	*PRINTED NAME*

CLUB	*PRINTED NAME*