



**USA SWIMMING**  
**2019 APPRENTICE OFFICIAL APPLICATION**  
**LSC: San Diego-Imperial Swimming**

**INITIAL TRAINING SESSION DATE:**

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION TO ENSURE THAT CONTACT INFORMATION IS CORRECT AND UP TO DATE:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been a member of USA Swimming under a different last name? If yes, please provide that name: \_\_\_\_\_

Previously registered with USA Swimming?  Yes  No If registered in a different LSC, which LSC: \_\_\_\_\_

PREFERRED NAME	DATE OF BIRTH (MO/DAY/YR)	SEX (M/F)	CLUB CODE	CLUB NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Bill, Beth, Scooter, Liz, Bobby)

If not affiliated with a club, enter "Unattached"

MAILING ADDRESS

CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

AREA CODE	TELEPHONE NO.	AREA CODE	TELEPHONE NO.	E-MAIL ADDRESS
HOME <input type="text"/>	<input type="text"/>	MOBILE <input type="text"/>	<input type="text"/>	<input type="text"/>

**THIS APPRENTICE OFFICIAL STATUS EXPIRES 60 DAYS FROM THE DATE OF THE INITIAL TRAINING SESSION. CONTACT YOUR LSC OFFICIALS CHAIR FOR FURTHER INSTRUCTIONS.**

**MAIL OR EMAIL APPLICATION TO:**

**LSC Registrar Contact Info:**  
 Mary Redmond  
 PO Box 1347  
 Fallbrook CA 92088  
[office@si-swimming.com](mailto:office@si-swimming.com)  
 760-525-3748

**LSC OFFICIALS CHAIR:**

**LSC Officials Chair Contact Info:**  
 Cal Gabriel  
[calgabriel2@gmail.com](mailto:calgabriel2@gmail.com)