

USA SWIMMING TRANSFER REQUEST FORM

Last Name	First Name		Middle Name		
Address					
City	State	Zi <u>p</u>	·		
Home Phone					
USA Swimming ID Number: _					
Date of BirthMO DAY YEAR	_ Sex	Age	_ Preferred Na	Billy, Bob, Beth, Liz	
Previous Club: LSC Code:	Club Cod	le: C	ub Name:		
Enter the last date of competit	ion representin	g this club			
Enter the name of meet			City	State	
New Club: LSC Code:	_Club Code: _	Club Na	nme:		
This will confirm that the above Unattached for 120 consecutive USA Swimming Rules and Reg	e days from the	date of las			
Signature of Athlete, Parent or Guardian				——————————————————————————————————————	

RETURN THIS COMPLETED/SIGNED FORM AND A PROCESSING FEE OF \$10.00 (TEN DOLLARS) TO:

Illinois Swimming 1400 E Touhy Avenue Suite 245 Des Plaines, IL 60018

The Registrar of the LSC into which the athlete is transferring will notify the old club that this transfer has occurred. The old club has the responsibility to notify that LSC Registrar within sixty (60) days if the club has obtained a court judgment in accordance with USA Swimming Rules and Regulation 203.6. If there is a court judgment, the swimmer will be Unattached until such time as the judgment has been satisfied.