



**GEORGIA SWIMMING
TRANSFER REQUEST FORM**

CURRENT REGISTRATION INFORMATION: (Before Transfer)

Last Name _____ First Name _____ Middle Name _____

USA Swimming ID Number: _____

Date of Birth _____ Sex _____ Age _____ Preferred Name _____
mo / day / year M / F Billy, Bob, Beth, Liz

Current Club that you are transferring from: LSC Code: _____
Club Code: _____
Club Name: _____

Enter the last date of competition representing this club: _____
mo / day / year

NEW REGISTRATION INFORMATION: (After Transfer)

New Club that you are transferring to: LSC Code: _____
Club Code: _____
Club Name: _____

Complete new address information if address has changed:

Address _____

City _____ State _____ Zip _____ - _____

Home Phone _____

This will confirm that the above information is correct and that I leave my previous club in good standing.

Signature of Athlete, Parent or Guardian

Date

Parents E-Mail address