



2019 CLUB OPTION APPLICATION FORM

CLUB NAME/ CONTACT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

- Indicate the type of competition (check all that apply):

AGE GROUP _____ JUNIOR _____ SENIOR _____ MASTERS _____

- Indicate the name and date of the club option competition as well as the number of Solos, Duets, Mixed Duets, Teams and Free Combinations that will be entered.

<u>Competition Name/Date</u>	<u>Solo</u>	<u>Duet</u>	<u>Mix. Duet</u>	<u>Team</u>	<u>Combo</u>
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

- On an attached sheet, list the adult personnel and athlete names that will be involved in the club option competition. Indicate Solo, Duet, Mixed Duet, Team and Free Combination assignments per athlete.

APPROXIMATE NUMBER IN DELEGATION: _____

JUDGES: It is a goal of U.S. Synchronized Swimming to have judging exposure for all U.S. FINA Judges annually. As a result, clubs selected for club option competitions are responsible for the travel expenses for their assigned judge. Please list the name of a preferred judge. Judges will be confirmed with the International Relations Committee Chair BEFORE final selection is approved.

NAME _____

NAME and EMAIL ADDRESS to which "APPROVAL TO PARTICIPATE" should be sent:

NAME _____ EMAIL _____

SIGNED _____ DATE _____

By signing this form, you agree to comply with the Club Option Policies, including report, Background Check and SafeSport policies, listed in Appendix F. PLEASE RETURN THIS FORM AND THE \$ 500.00 DEPOSIT TO THE USA SYNCHRO NATIONAL OFFICE.

U.S. SYNCHRONIZED SWIMMING, INC.

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