

CLUB OPTION APPLICATION FORM

CL	UB NAME/ CONTACT NAME						
ΑC	DRESS						
CITY					ZIP		
PHONE EMAI		AIL					
>	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, Trios, Teams, Free Combinations and Acrobatic Routines that will be entered.						
	Competition Name/Date So	olo	Duet/ Trio	Mixed Duet	Team	Combo	Acrobatic
	1						
	2						
	3						
JU an	On an attached sheet, list the adult personnel and competition. Indicate Solo, Duet, Mixed Duet, assignments per athlete. APPROXIMATE NUMBER IN DELEGATION: DGES: It is a goal of USA Artistic Swimming to I mually. As a result, clubs selected for club option coeir assigned judge. Please list the name of a pernational Relations Committee Chair BEFORE final	Trio, T have journet oreferr	eam, Fre udging exitions are ed judge	e Comb kposure respons . Judges	ination ar for all U.: ible for th	nd Acroba S. AQUA/ ne travel e	PAQ Judges xpenses for
	NAME						
NA	ME and EMAIL ADDRESS to which "APPROVAL TO P.						
NAME			EMAIL				
	SNED		ATE				
	signing this form, you agree to comply with the Club Option						

Background Check and SafeSport policies and a written report, as listed in Appendix F. Failure to comply with requirements and deadlines listed in Appendix F will result in a fee of \$ 1000.00 and the club will be placed on probationary status.

Probationary status prohibits the club from participating in any USAAS sanctioned event.

PLEASE RETURN THIS FORM TO THE INTERNATIONAL RELATIONS CHAIR.