



FACILITY USE CONFIRMATION FORM

This form is to be used for any new club applying for membership in USA Swimming. It must be filled out completely.

This is to certify that _____
(Name of Club applying for USA Swimming Membership)
has secured water time at the following facility (use additional sheets for any additional facilities):

Facility Information

Name of Facility: _____

Owner: _____

Address: _____

City/State/Zip: _____

Contact Person for Facility: _____ Title: _____

Contact Phone #: _____ E-mail: _____

Please list name(s) of any other USA-S clubs that utilize this facility as a regular practice location. Write NONE if no other USA-S clubs use this facility.

Signature of Facility Contact: _____ Date: _____

Secured practice times - please list the hours secured for each day:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

Club Information

Club Name: _____

Authorized Club Rep: _____

Mailing Address: _____

City/State/Zip: _____

Day Phone: _____ E-mail: _____

I certify that the above information is true and is an accurate representation of the pool time for the new club/team that I am authorized to represent.

Signature of Club Rep: _____ Date: _____