

Below, please indicate the reasons why you want to coach at a National Select Camp. What do you expect to contribute? What do you expect to derive from this experience? Use the reverse side if necessary.

**Your application must be received by September 25, 2009
FAX or Mail your application as shown below:**

FAX YOUR APPLICATION TO:	OR	MAIL YOUR APPLICATION TO:
719-866-4669		
ATTN: Helen Uchiyama		Helen Uchiyama
		1 Olympic Plaza
		Colorado Springs, CO. 80909

FOR FURTHER INFORMATION CONTACT:

PETER CLARK (O) 719-866-3561 (C) 719-330-0743 EMAIL: pclark@usaswimming.org

I understand that all coaches accepted for participation at Camps at the Olympic Training Center will be required to sign and follow the United States Olympic Committee Code of Ethics while at the Training Center. I attest that the above information is true and accurate.

Applications must be returned by September 25, 2009

Coach's Signature: _____ Date: _____