

PREVIOUS SWIMMING CAMP COACHING EXPERIENCE (please start with your most current position)

TYPE OF CAMP (ex. National Select, LSC, College)	DATES AND LOCATIONS OF CAMPS	YOUR POSITION (ex. Director, Head Coach, Asst. Coach, Manager)	CAMP DIRECTOR'S NAME

POSITIONS HELD IN YOUR LSC (please start with your most current position)

POSITION	WHICH LSC?	DATES/YEARS AT THAT POSITION

PLEASE LIST THE TOP TWO SWIMMERS THAT YOU WERE THE PRIMARY COACH FOR USING RESULTS OR IMX SCORES*

MEET	SWIMMERS NAME(S)	EVENTS	HIGHEST PLACE
ZONES			
SECTIONALS			
JUNIORS			
NATIONALS			
IMX		NA	

*Please attach an additional sheet if necessary

PLEASE LIST TWO COACHING REFERENCES NOT FROM YOUR CLUB

Name	Club	Telephone
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Name	Club	Telephone
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PLEASE LIST ONE LSC BOARD MEMBER REFERENCE NOT FROM YOUR CLUB

Name	Position	Telephone
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Below, please explain why you want to coach at a Zone Select Camp. What do you expect to contribute? What do you expect to derive from this experience? Use the reverse side if necessary.

PLEASE CHECK HERE IF YOU ARE INTERESTED IN BEING CONSIDERED FOR THE ASSISTANT MANAGER POSITION! Assistant Managers arrive Wednesday night and depart Monday morning.

**Your application must be received by March 15, 2010
Fax or mail your application as shown below**

FAX YOUR APPLICATION TO OR MAIL YOUR APPLICATION TO:

719-866-4669
Attention: Bill Krumm

Bill Krumm
USA Swimming
1 Olympic Plaza
Colorado Springs, CO 80909

For more information please call Bill Krumm at **719-866-3582** or email at bkrumm@usaswimming.org.

I understand that all coaches accepted for participation at USA Swimming Camps will be required to sign and follow the USA Swimming Code of Conduct while at the camp and may be asked to submit to a background check. I attest that the above information is true and accurate.

Coach's Signature: _____ Date: _____

Application must be returned by March 15, 2010