

OUTREACH APPLICATION

NAME: _____ **PHONE:** _____

ADDRESS: _____

DATE OF Birth: _____

CLUB: _____

TYPE OF VERIFICATION

FOOD STAMPS: _____

FREE LUNCH: _____

OTHER: _____ **(EXPLAIN)**

Send Completed Applications To:
Virginia Swimming Inc.
PO Box 1059
Appomattox, VA 24522

OFFICE USE ONLY

DATE RECEIVED: _____ **DISAPPROVED:** _____

APPROVED: _____ **CLUB NOTIFIED:** _____