

NEW CLUB APPLICATION

Club Name:				_	
Mailing Address:					
Phone: Fax:	·	E-Mail: _			
Club Type: Swimming	DivingSyncro				
Hereby submits application addresses of the Club's Execute as follows:-	_			-	
Names of Club Officers	Position/Office	P. O. Box #	Phone # 1	Phone #2	E-Mail
	President				
	1st Vice				
	President 2nd Vice				
	President				
	Secretary				
	Assistant Secretary				
	Treasurer				
	Assistant Treasurer				
Names of Club Reps.	Committee	P. O. Box #	Phone # 1	Phone #2	E-Mail
	Council Rep #1				
	Council Rep #2				
	Officials				
	Nationals				
	Finance & Invest.				
	Records & Stats				
	Rules & Regulations				
Officers, Coaches, and its Re The Bahamas Swimming Fec X CLUB OFFICER	egistered Competitors a	and their Parer nits herewith t	nts/Guardians the Club Appli 	will abide by cation Fee of	B\$250.00. DATE
FOR INTERNAL USE ONLY Fee Paid? Yes [] No []	Paid by: CASH [] CH				mber e:
Date Received:		te of Council M			-
Approved: [] YES [] NO	<u>X</u>				
		FOR BSF			

BSF Form: #C4.4.1 (Rev. 2009)