

**BUX-MONT SWIM LEAGUE**

Out-of-Counties Application

Proof of Pool Membership \_\_\_\_\_

Date \_\_\_\_\_

FAMILY NAMES

NAME

AGE

SEX

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Address : \_\_\_\_\_

PHONE NO. \_\_\_\_\_

TEAM JOINING \_\_\_\_\_

SCHOOL District \_\_\_\_\_

REASON FOR JOINING THIS TEAM :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING PREVIOUS SWIM TEAM (if applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICATION - APPROVAL / DISAPPROVAL

APPROVED

NOT APPROVED

COMMITTEE CHAIRMAN SIGNATURE

DATE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR APPROVAL OR DISAPPROVAL

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_