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OUTREACH MEMBERSHIP QUALIFICATION APPLICATION

This application for reduced fee membership must be sent by the athlete's club registrar. Please complete the information below, enclose the appropriate documentation, and submit with the athlete's registration file and payment.

Last Name _____

First Name _____ Middle Initial _____

Team Name _____

Club registrar _____

Registrar's e-mail _____

Qualification for Outreach Athlete membership is available in accordance with USA Swimming guidelines. Please check the appropriate eligibility below and enclose documentation proving eligibility for participation in the Outreach Program:

_____ Eligible for food stamps

_____ Eligible for free or reduced price school lunch program

_____ Eligible for similar need based program

Outreach athlete membership is \$5. Please make check payable to Middle Atlantic Swimming

Middle Atlantic Swimming advocates the growth and development of a diverse swimming community through education, innovation and a commitment to excellence.