



United States
Synchronized Swimming
201 S. Capitol Ave.
Suite 901
Indianapolis, IN 46225
(317) 237-5700
(317) 237-5705 Fax
www.usasynchro.org

2005 CLUB OPTION APPLICATION FOR SPECIFIC EVENTS

CLUB NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

2005 CHOICES:

- Indicate the type of competition (circle one): SENIOR JUNIOR MASTERS
- Indicate the name of the club option competition as well as the number of Solos, Duets and Teams that will be entered.

	<u>Competition Name/Dates</u>	<u>Solo</u>	<u>Duet</u>	<u>Team</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

- On an attached sheet, list the athlete names that will be involved in the club option competition and indicate Solo, Duet and Team assignments.

JUDGES: It is a goal of U.S. Synchronized Swimming to have judging exposure for all FINA List judges annually. As a result, judges will be confirmed with the Vice President, Olympic International BEFORE final selection is approved.

NAMES: _____

APPROXIMATE NUMBER IN DELEGATION: _____

SIGNED: _____ **DATE:** _____

TITLE: _____

NAME and FAX NUMBER to which "APPROVAL TO PARTICIPATE" should be sent:

NAME _____ FAX _____