

SAAA TEAM MEMBERSHIP APPLICATION

Subject to Board Approval

Team Name: _____

Pool Location: _____ Pool Phone: _____

Length: _____ Number of Lanes: _____ Heated: yes / no

Minimum Depth At Start Blocks _____

Head Coach

Name _____

Address _____

City _____ Zip _____ Phone _____

Email _____

Team Representative

Name _____

Address _____

City _____ Zip _____ Phone _____

Email _____

Assistant Coach

Name _____

Address _____

City _____ Zip _____ Phone _____

Email _____

Return this form, with a check payable to SAAA for \$150.00, to Sarah Dunst, 1634 E. Spring St., Tucson, AZ 85719. This is required for your team to be registered for 2021 and to have a vote in the Legislative Assembly.

Application Submitted by: _____

Signature

Print Name

Phone