

2024 SAAA TEAM MEMBERSHIP APPLICATION

Subject to Board Approval

Team Name: _____ Team Abbr: _____

Pool Location: _____

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

Minimum Depth At Start Blocks _____

Head Coach

Name _____

Address _____

City _____ Zip _____ Phone _____

Email _____

Team Rep/President

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 the SAAA Admin Secretary. This is required for your team to be registered for 2024 and to have a vote in the Legislative Assembly.

Application Submitted by: _____
Signature _____ Print Name _____ Phone _____