

NEW ENGLAND SWIMMING DISTANCE/OPEN WATER SWIMMING CAMPS: Athlete Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Best time to call: _____

USA Swimming Registration Number: _____ Birthday: _____

Gender: () Male () Female

USA Swimming Team: _____ Coach: _____

Dates of camp you are applying for: () September () October () November
You may apply for all 3 camps.

Best time as of January 1, 2005 Date of swim

400 IM: _____

500 Free: _____

1000 Free: _____

1650 Free: _____

Have you competed in any Open Water Swim events? () yes () no

Are you interested in attending an Open Water Swim competition? () yes () no

If selected, I agree to be physically ready for a challenging training program. () yes () no

Athlete signature: _____ Date: _____

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