

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

Mail or Fax your application to: Carlton Cronin, 14 Brown Street; Haverhill, MA 01830.

Applicant must be: 1. USA Swimming coach member; 2. able to provide transportation to and from camp site.

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Current Position: \_\_\_\_\_ # of years: \_\_\_\_\_ Title or group: \_\_\_\_\_

Team: \_\_\_\_\_

Responsibility: \_\_\_\_\_

Previous Position: \_\_\_\_\_ # of years: \_\_\_\_\_ Title or group: \_\_\_\_\_

Team: \_\_\_\_\_

Responsibility: \_\_\_\_\_

Previous USA Swimming camp experience: ( ) yes ( ) no

Please list 2 coach references not from your club.

Name: \_\_\_\_\_ Club: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Club: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list one Board Member from your LSC as a reference.

Name: \_\_\_\_\_ Club: \_\_\_\_\_ Phone: \_\_\_\_\_

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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