

Oregon Masters Swimming

2012 Workout Group (Local Team) Registration

This form must be received by the entry deadlines of 2012 OMS Association Championship and 2012 OMS Open Water Championships for a team to compete as a "Local Team" at those events.

Team Name _____ Abbreviation _____
Club _____ (up to 4 letters)
Website _____

Team Representative Information (must be an OMS member)

Rep. Name _____
Address _____
Phone #1 _____ Phone #2 _____
E-mail _____

Team Information

Approximate number of swimmers _____
Practice schedule (attach additional sheet, if necessary)
Mon _____ Tues _____
Wed _____ Thurs _____
Fri _____
Sat _____ Sun _____

Coaches Information

Head Coach _____
Address _____
Phone #1 _____ Phone #2 _____
E-mail _____

Assist. Coach _____
Phone #1 _____ Phone #2 _____
E-mail _____

Pool Information

Pool Name _____ Phone _____
Address _____