

## NC SWIMMING TRANSFER REQUEST FORM

Last Name	First Name	Mi	Middle Name	
Address				
City		State	Zip	
Home Phone				
USA Swimming ID Number:		_		
Date of Birth / / MO/DAY/YR	Sex Age	Preferred Name	Billy, Bob, Beth, Liz	
Previous Club: LSC Code:	Club Code:	Club Name:		
Last date of competition represe	enting this club:			
Name of meet	(	City	State	
New Club: LSC Code:	Club Code:	Club Name:		
This will confirm that the above Unattached for 120 consecutive with USA Swimming Rules and	days from the date of l			
Signature of Athlete, Parent or C	Guardian		Date	
There is no fee for transferring i	nto or within NC.			
The Registrar of the LSC into whas occurred. The old club has to club has obtained a court judgm there is a court judgment, the sw satisfied.	the responsibility to no ent in accordance with	tify the LSC Registrar USA Swimming Rule	within sixty (60) days if the s and Regulation 203.6. If	
For Office Use Only: Date Recvd:Date of	Last Attached Swim	Attach Date		