



FACILITY USE CONFIRMATION FORM

This form is to be used for any new club applying for a club membership in USA Swimming.

It must be filled out completely.

This is to certify that _____ has secured water time at the following facility once approved. (use additional sheets for any additional facilities)

Facility Information:

Name of Facility: _____

Owner: _____

Address: _____

City/State/Zip: _____

Contact Person for Facility: _____ Title: _____

Contact Phone #: _____ E-mail: _____

Rental / Usage Rate Agreement: _____

Please list name(s) of any other USA-S clubs that plan to utilize this facility as a regular practice location. Write NONE if no other USA-S clubs use this facility.

Signature of Facility Contact: _____ Date: _____

Secured practice times once club is approved- please list the hours secured for each day:

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----|--------|---------|-----------|----------|--------|----------|--------|
| AM | | | | | | | |
| PM | | | | | | | |

Club Name: _____

Authorized Club Rep: _____

Mailing Address: _____

City/State/Zip: _____

Day Phone: _____ Email: _____

I certify that the above information is true and is an accurate representation of the pool time for the new club/team that I am authorized to represent.

Signature of Facility Contact: _____ Date: _____