



Alaska Swimming Inc.

All*Star Team

Western Zone Championship
August 5-9th, 2008
Hood River, Oregon

Chaperone Application

Name : _____ E-mail Address: _____
Address: _____
City/Zip : _____
Home Phone: _____
Work Phone: _____
Team/Club
Affiliation: _____

On the back of this application please write an essay about yourself and include your experience with competitive swimming and any other youth organizations with which you have been involved. Please include one (1) letter of recommendation.

Please enclose a copy of your driving record as it will be a significant part of your duties as a chaperone.

All Chaperones must be registered members of United States Swimming.

All of the information in this application is correct to the best of my knowledge.

	Printed Name	Signature
Parent:	_____	_____
Date :	_____	

Please mail this application to:

C.B. Stewart
PO Box 90748
Anchorage, AK 99509

Application Deadline: * **June 3, 2008**