NIAGARA SWIMMING

CLUB STRENGHTENING PROGRAM

Request Form

This request to be completed and submitted to the executive board for approval prior to attending the Clinic or Coach Training Program.

Request for: ☐ Clinic
☐ Coach Training Program

Description of Program: _____

_____

_____

_____

Date(s) of Program: _____

Estimated Total Cost: _____

Applicant's Name: _____

Club Affiliation: _____

Signature: _____ Date: _____

Approved: _____ Date: _____

Mail request to: **Marcia Callan**
17 Clinton Place
Fairport, NY 14450
(716) 223-3945

Note: All travel and accommodations, where possible, should be made through Niagara Swimming Treasurer's Office. Steve Snyder - Tel. (315) 492-4237
Fax (315) 472-8781