



VIRGINIA SWIMMING OUTREACH APPLICATION

NAME: _____ **PHONE:** _____

ADDRESS: _____

DATE OF BIRTH: _____

CLUB: _____

TYPE OF VERIFICATION:

- FOOD STAMPS**
- FREE/REDUCED LUNCH**
- MEDICAID**
- OTHER (EXPLAIN BELOW)**

(SIGNATURE OF CLUB REPRESENTATIVE)

OFFICE USE ONLY

DATE RECEIVED: _____

DISAPPROVED: _____

APPROVED: _____

CLUB NOTIFIED: _____