

## Virginia Swimming Coaches Application Eastern Zone Long Course Age Group Championships August 3-6, 2016

## Nassau County Aquatic Center, East Meadow, NY

**Hosted by Metro Swimming** 

APPLICATION DEADLINE: June 19, 2016

Return application to (LSC Representatives): coachrep1@virginiaswimming.org; coachrep2@virginiawimming.org; and agegroupchair@virginiaswimming.org

Applicant must be a USA Swimming coach member with current credentials

## **PLEASE PRINT ALL INFORMATION**

	ACH — ASSISTAlesition for which you are a		Preferred Age Grou	JP(S): 10&U 11-12 13-14 15-18 (circle each you prefer)	
Name	Cell phone				
Address					
Current Team					
Head Coach	Cell phone				
	ERIENCE (list most	recent posi	tion first)		
Full name of team		Dates/Years at that position		Title or position	
OTHER RELEVA	NT EXPERIENCE			<u>'</u>	

	selected as the coaches representative at the Virginia you expect to contribute? What do you expect to derive fror	n
the experience?		
	·	
	s accepted for participation at the Eastern Zone Meet must be de by the Code of Conduct. I attest that the above informati	
Coach's Signature:	Date:	