

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 Us	E ONLY
DATE RECEIVED:	APPROVED:
DICADDOVED	(TIID NOTICIED!