



Local Partner Program Application Form



Legal Name of Organization: _____

Federal ID Number: _____ Tax Status: _____

USA Swimming Club Member: Yes No Year organization established: _____

Contact Person: _____ Position: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____ Mobile number: _____

Email Address: _____

Website Address: _____

Program Setting: Urban Rural Suburb Nearest Major City: _____

Facility (circle one): Own Rent/Lease (If more than one facility, please list on back)

Our rental contract is (with whom/for how long): _____

Learn-to-Swim Curriculum used: _____

Program Schedule: Please list months of the year that you offer LTS programming

Annual Number of Learn-to-Swim participants:

2004: _____ 2005: _____ 2006: _____ 2007: _____

Signature of Owner/Manager/Chief Authorizing Official

Date

Printed name of above