

REGISTRATION FORM
2009 Oregon Swimming Mini-Expo

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ **Club:** _____

Email: _____

Athlete Registration number _____

- I wish to attend the Safety Training for Swim Coaches, \$50.00 fee is included
- I am a coach member of Oregon Swimming and will be attending the clinics on Saturday, October 3, 2009. \$30.00 pre-registration fee is included.
Registrations at the door are \$35.00 for OSCA Members
- I am not a coach member of Oregon Swimming and will be attending the Coaches Clinics on Saturday, October 3, 2009. \$50.00 pre-registration fee is included.

NOTE: Pre-registrations must be received at the OSI office by Wednesday, October 1, 2009

- Athlete Swim Camp – \$20.00 fee is included.

As an official or prospective official I wish to attend the clinic checked below. No fee

- Stroke & Turn
- Starter
- Referee
- Meet Director
- Electronic Timing

Send this form to: Oregon Swimming, 1750 SW Skyline Blvd. Suite 103, Portland, OR 97221

*** Officials may FAX the form to 503-297-8498 or email to swim@oregonswimming.org**