



Border Swimming, Inc. Transfer Form

Name: _____

Address: _____

Phone: _____

Team transferring from: _____

Team transferring to: _____

Date of last competition: _____

Signature: _____

Parent or swimmer

I certify that the above swimmer _____ has paid all of their dues with our club. I also agree that the last date they represented our club was _____.

Club President or Treasurer

Date

Please complete the information on the front of this page, have your club representative sign and date it.

Return the form to:

Jeff Ellsworth

7208 Tierra Taos

El Paso, TX 79912

915/833-2619 915/598-4621 (fax)