



TEAM PROFILE

Team Name: _____

Coaches Name: _____

Address _____

City _____ State _____ Zip _____

Phone # (Work) _____ (Home) _____

Fax # _____ Mobile # _____

E-Mail Address _____ Website Address _____

USA Swimming Team Abbreviation (club code & LSC) _____

Number of Asst. Coaches: Full Time _____ Part Time _____ Key Assistant Coaches _____

How many kids are in the program? _____ Girls _____ Boys _____

Team Colors _____ Current In-season Suit: Lycra _____ Solid/Splice _____ Print _____

Endurance (poly) _____ Solid/Splice _____ Print _____

Team Dealer Currently Outfitting Team _____

At what Pool(s) do you currently train? _____

Do any of your assistant coaches work with other programs? Yes _____ (please list) No _____

Team _____ Contact _____ Phone _____

If you have a Learn-to-Swim program please complete the following:

Affiliation of program _____ Contact _____ Phone _____

Number of: sessions _____ teachers _____ swimmers _____ pools _____

Season: year-round _____ other _____

Supplier of equipment for program (retail,pro-shop,etc.) _____

Equipment offered: suits _____ goggles _____ diapers _____ other _____

Beyond a Team suit, bags and warm-ups, what additional Speedo equipment will your team purchase?

T-shirts/Polos _____ Pull Buoys _____ Goggles _____ Parkas _____ Swim Caps _____ Kick Boards _____ Stop watches _____

Team Footwear _____ Team shorts _____ Training suits _____ Training paddles _____ Championship Meet suit _____

Please Return Completed Form to:

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