

APPLICATION FOR MEMBER SERVICES

Please complete the Course Request, Local Contact Web Site Authorization and Local Contact Mailing Information portions and return to USA Diving FAX 317/237-5257 EMAIL: usadiving@usadiving.org

Check one:

Late scheduled 2008 course (*added after 2007 annual meeting*) 2009 course (*submit 2008 Convention*)

I. COURSES REQUESTED

REQUIRED COURSE MENU:

SAFETY TRAINING AND SAFETY TRAINING RENEWAL

Spring : Preferred date:	Alternate date:		
Facility site:	City	State	Zip Code
Local Contact			
Fall: Preferred date:	Alternate date:		
Facility site:	City	State	Zip Code
Local Contact			

ELECTIVE COURSE MENU:

1. DIVE SAFE BRONZE & SILVER (GRASS ROOTS FUNDAMENTALS COACH)

Spring : Preferred date:	Alternate date:		
Facility site:	City	State	Zip Code
Local Contact			
Fall: Preferred date:	Alternate date:		
Facility site:	City	State	Zip Code
Local Contact			

2. DIVE SAFE GOLD (DIVE SAFE COACH OR DIVE SAFE PROGRAM DIRECTOR)

Spring : Preferred date:	Alternate date:		
Facility site:	City	State	Zip Code
Local Contact			
Fall: Preferred date:	Alternate date:		
Facility site:	City	State	Zip Code
Local Contact			

3. SPOTTING TRAINING

Spring : Preferred date:	Alternate date:		
Facility site:	City	State	Zip Code
Local Contact			
<i>(Circle all that apply-see Spotting Training Flyer for durations of each session)</i>			
Level I	Level II	Challenge	Level III
PAT	Trampoline	Mats	Dry board/platform & Wet board
Fall: Preferred date:	Alternate date:		
Facility site:	City	State	Zip Code
Local Contact			
<i>(Circle all that apply-see Spotting Training Flyer for durations of each session)</i>			
Level I	Level II	Challenge	Level III
PAT	Trampoline	Mats	Dry board/platform & Wet board

II. LOCAL CONTACT WEB SITE AUTHORIZATION

Before USA Diving may post your courses on the Web Site course schedule, local contacts need to complete the following authorization statement: I understand that my name will be posted as a USA Diving local contact on the USA Diving web site. Course participants are directed to call me prior to their departure for the course to verify the course status, date, site and start time and to receive directions to the site. I authorize USA Diving to post my name as a local contact, contact phone number and email address on the USA Diving web site as follows:

NAME: _____ TELEPHONE () _____ EMAIL _____

III. LOCAL CONTACT MAILING INFORMATION FOR OFFICE USE ONLY

Region	Association		
Local contact (host)	Address	City	St ZIP
Phone (H)	Phone (O)	FAX	