



# MEMBER (CLUB) ROSTER - CONTACT FORM

Registration Deadline: September 30, 2020

Club:	Club Number:	Incorporation#:
Member Type: <input type="checkbox"/> Competitive	<input type="checkbox"/> Competitive Masters Only	<input type="checkbox"/> Recreational Only

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ PC: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Club Website: \_\_\_\_\_ Club Email: \_\_\_\_\_

We agree to abide by the OAS mission, vision, values, policies and rules including the OAS By-laws and Conduct Policy. The Club board and executive members fully understand the implications of being a registered OAS Member.

We agree to receive electronic communications from OAS and its Member clubs. Electronic communications may include newsletters, promotions, and program and event information that may contain information of a commercial nature. We understand that if we no longer wish to receive electronic communications, we can withdraw our consent at any time by contacting the OAS Executive Director.

Date: \_\_\_\_\_ Signature & Title: \_\_\_\_\_

### POOL FACILITY INFORMATION:

Main Pool: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please attach a list of any additional pools used

### CLUB CONTACT INFORMATION:

PRESIDENT:\* \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

REGISTRAR: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

FINANCE : \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

HEAD COACH: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

MEET MANAGER (if hosting an OAS meet): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*The club President is responsible for distribution of information from OAS to all club coaches and all club board and executive members.



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CLUB CONTACT INFORMATION:

CLUB BOARD MEMBER: _____ Phone: _____ Email: _____
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Please attach a list of any additional club board members.

*\*The club President is responsible for distribution of information from OAS to all club coaches and all club board and executive members.*