

REQUEST FORM
INDIVIDUAL ALL-AMERICAN PATCH AND CERTIFICATE

Event (*circle appropriate categories*): MEN WOMEN / FREE BACK FLY BREAST I.M.
Distance (*circle one*): 50 100 200 400 / 500 800 / 1000 1500 / 1650
Course (*circle one*): SCY SCM LCM

LMSC of swimmer _____ Year of swim _____ Age group _____ Club initials _____

Name of swimmer _____

Send patch and certificate to

name _____

address _____

Make check for \$5 payable to: **United States Masters Swimming**

Mail payment to: U.S.M.S.
PO Box 185
Londonderry, NH 03053-0185

REQUEST FORM
RELAY ALL-AMERICAN PATCH AND CERTIFICATE

Relay Event (*circle appropriate categories*): MEN WOMEN MIXED / FREE MEDLEY
Relay Distance: 200 400 800 Course (*circle one*): SCY SCM LCM

LMSC of relay _____ Year of swim _____ Relay age group _____ Club initials _____

Relay member(s) requesting All-American patch and certificate (\$5 each member)

Send patch(es) and certificate(s) to

1. _____

name _____

2. _____

address _____

3. _____

4. _____

Make check payable to: **United States Masters Swimming**

Mail payment to: U.S.M.S.
PO Box 185
Londonderry, NH 03053-0185