

REQUEST FORM USMS INDIVIDUAL TOP TEN PATCH

Course (circle one – please use a different request form for each course): SCY SCM LCM
 Event (circle appropriate categories & events): MEN WOMEN / FREE BACK FLY BREAST I.M.
 LMSC of swimmer _____ Year of swim _____
 Age group _____

50	50	50	50	100
100	100	100	100	100
200	200	200	200	200
400/500				400
800/1000				
1500/1650				

Name of swimmer _____

Send patch and segment(s) to

name _____

One stroke or relay segment comes with each patch.
 The cost for the patch/segment is \$5; additional stroke or relay segments cost \$1.25 each.

address _____

Make check payable to: **Lake Erie LMSC**

Mail payment to: Tom Gorman
 3369 Desota Avenue
 Cleveland Heights, OH 44118

REQUEST FORM USMS RELAY TOP TEN PATCH

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 USMS Top Ten patch and certificate (\$5 each member)

Send patch(es) and certificate(s) to

1. _____

name _____

2. _____

address _____

3. _____

4. _____

Make check payable to: **Lake Erie LMSC**

One stroke or relay segment comes with each patch. The cost is \$5. Additional stroke or relay segments are \$1.25 each

Mail payment to: Tom Gorman
 3369 Desota Avenue
 Cleveland Heights, OH 44118