

NEW ENGLAND SWIMMING DISTANCE/OPEN WATER SWIMMING CAMPS: Coach Application

Mail or Fax your application to: Carlton Cronin, 14 Brown Street; Haverhill, MA 01830.

Applicant must be: 1. USA Swimming coach member; 2. able to provide transportation to and from camp site.

Name: _____ Day Phone: _____

Street Address: _____ Evening Phone: _____

City/State/Zip: _____ Fax: _____

Email: _____

Best time to call: _____

Current Position: _____ # of years: _____ Title or group: _____

Team: _____

Responsibility: _____

Previous Position: _____ # of years: _____ Title or group: _____

Team: _____

Responsibility: _____

Previous USA Swimming camp experience: () yes () no

Please list 2 coach references not from your club.

Name: _____ Club: _____ Phone: _____

Name: _____ Club: _____ Phone: _____

Please list one Board Member from your LSC as a reference.

Name: _____ Club: _____ Phone: _____

Coach's Signature: _____ Date: _____

Carlton Cronin
14 Brown Street
Haverhill, MA 01830
Phone: 978 -521-4751
Fax: 978-475-3811
Email: croninsic@aol.com