|  |
| --- |
| **Name/Title of Event: Check the Event You Plan to Attend** |
| **Date and Time:**  | (Fill In)  |
| **PNA provides financial assistance to PNA members for the ALTS training, provided that the applicant can provide PNA with a specific plan, location and timeline for creating adult learn to swim opportunities locally.** **USMS ALTS Clinic Fee** **Is $250** | **How will you use this ALTS training in your local community?** Describe your Adult Learn to Swim Program: Facility: Where will you provide Adult Learn to Swim services? Sponsor/Host: Provide the name and contact information for the contact person at the facility who has approved your program: When will your program/services be ‘up and running’? (Start, end, duration, schedule) Is there a relationship between your Adult Learn to Swim Program and a Masters swim group/club? Additional Information about your reason for wanting to pursue the Adult Learn to Swim training from USMS.  |
| Provide us with your information below: First Name: Initial Last Name |
| Email: @ | USMS Number: - |
| Phone:  | Address [[1]](#footnote-1):  |
| Alt Phone:  | City/State, Zip  |
| By making this application for financial assistance from PNA, I agree to complete the Coach Certification/ALTS course or, in the event I cannot, I will repay the entire amount of the financial assistance that PNA provided on my behalf to USMS to PNA within 30 days of the end of the course or apply it to a different USMS Training within 12 months. **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Instructions:** Register for the clinic on line with USMS. You’ll be asked to pay the registration fee.

Then complete and send this application to PNA Treasurer Arni Litt at arni\_13@q.com

Questions: Sally Dillon at salswmr@comcast.net or 425-961-0023**.**

1. Address where we will send the reimbursement check! [↑](#footnote-ref-1)