



Suburban Swim League

PETITION TO SWIM FOR ALTERNATE TEAM

SWIMMER INFORMATION

Date Requested:			
Swimmer Name:		DOB:	
Swimmer Name:		DOB:	
Swimmer Name:		DOB:	
Swimmer Name:		DOB:	
Most Recent Team or Current City of Residence		Petition Team:	
# of Years in SSL:		Reason:	

ADDITIONAL COMMENTS FOR SSL

Complete and print this form and give it to the SSL Rep or Team President of the team for which you would like to swim. All petitions will be reviewed at the next regularly-scheduled meeting of the Suburban Swim League. You may attend the meeting in which your petition will be discussed, but this is not necessary. Please see your team for the League Meeting Schedule.

Please provide any additional information so that SSL has a clear understanding of your reason(s) for this request for change.

NOTE – Attach any appropriate supporting documentation.

FOR SSL USE ONLY

Date:		
Action:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Denied

Comments: