



Pool Relay All-American Order Form

Capture the memory of your great swim that achieved a **NUMBER ONE TIME** in your age group

List the **FIRST & LAST** names of **ALL 4 MEMBERS** of the relay in swimming order and check the box for who the certificate(s) will be for:

1)	<input type="checkbox"/>
2)	<input type="checkbox"/>
3)	<input type="checkbox"/>
4)	<input type="checkbox"/>

The following information must be included to complete your order:

- Circle one of the following:
 - COURSE: **SCY** **SCM** **LCM**
 - RELAY EVENT: **MEN** **WOMEN** **MIXED**
 - RELAY DISTANCE: **200** **400** **800**
 - **FREE** or **MEDLEY**
- **AGE GROUP:** For yards, the age of the youngest member shall determine the age group. For all meters, the aggregate age of the four relay team members shall determine the age group. (Example: 120-159): _____
- **RELAY TIME ACHIEVED:** _____
If you want a specific record (national/world/zone) printed on the certificate, identify the type of record broken next to the time of the swim
- **LMSC or TEAM:** _____
- **YEAR/Date** on which the **All-American swim** was achieved: _____

Indicate the quantity of Pool Relay All-American certificates and patches you would like to order:

_____ Certificate and patch - \$5 for each order (NO CASH)
\$_____ Total (for shipping and handling)

Ship Relay All-American certificate(s) and patch(s) to the following individual (No PO Box):

First Name	Last Name		MI
Street Address			
City	State	Zip	Phone
E-mail address			

Instructions:

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- 1) Fill out the above portion of this form
- 2) Make check payable to (NO CASH): U.S. Masters Swimming (*for shipping and handling*)
 - a. Certificate and patch - \$5 each
- 3) Mail check and completed form to (NO CASH):

U.S. Masters Swimming Attention: Event Services 8388 South Tamiami Trail, Suite 221 Sarasota, FL 34238

**If you need help, please contact our event services team email events@usmastersswimming.org.*