



## 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:

1)
2)
3)
4)

The following information must be included to complete your order:

<ul style="list-style-type: none"><li>• Circle <b>one</b> of the following:<ul style="list-style-type: none"><li>• COURSE: <b>SCY</b>   <b>SCM</b>   <b>LCM</b></li><li>• RELAY EVENT: <b>MEN</b>   <b>WOMEN</b>   <b>MIXED</b></li><li>• RELAY DISTANCE: <b>200</b>   <b>400</b>   <b>800</b></li><li>• <b>FREE</b> or <b>MEDLEY</b></li></ul></li><li>• <b>AGE GROUP:</b> 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. (<b>Example: 120-159</b>): _____</li><li>• <b>RELAY TIME ACHIEVED:</b> _____ <i>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</i></li><li>• <b>LMSC or TEAM:</b> _____</li><li>• <b>YEAR/Date</b> on which the <b>All-American swim</b> was achieved: _____</li></ul>
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Indicate the quantity of Pool Relay All-American certificates and patches you would like to order:

_____ Certificate and patch - \$5 for each order
\$_____ 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:**

- 1) Fill out the form in its entirety
- 2) Make check payable to: U.S. Masters Swimming
- 3) Mail check and completed form to:

U.S. Masters Swimming Attention: Membership Services 1751 Mound Street, Suite 201 Sarasota, FL 34236
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*\*If you need help, please contact our volunteer services team email [volunteer@usmastersswimming.org](mailto:volunteer@usmastersswimming.org).*