



Swimmer Name _____ Age _____ Club Havasus Stingray Swim Team

1. Please consider sponsoring this swimmer to help raise money for **Havasus Stingrays Swim Team** swimming activities which include local and national programs
2. 95% of the funds collected are retained by **Havasus Stingray Swim Team** to help finance the swimming program, while 5% is sent back to USA Swimming to defray expenses and to support grass roots programming.
3. Each swimmer is limited to a MAXIMUM OF ONE CONTINUOUS TWO-HOUR PERIOD in the water or a MAXIMUM OF 200 LENGTHS OF THE POOL, whichever comes first. This distance represents approximately three miles.
4. The capabilities of each swimmer is determined by the coaching staff and/or the participating club. The coaches are responsible for the supervision of the swimmers.

A portion of your donation to USA Swimming is tax deductible. Check with your tax advisor for tax implications

Swimmers Name _____

Sponsor Name _____

Address _____

Sponsor Amount \$ _____

Signature _____

Instructions: Print and sign this form and send it with a check made payable to HSST. Put the swimmers name in the Memo. Checks should be sent directly to the swimmer that you are sponsoring.

Why this swimmer needs your sponsorship

There are thousands of Americans of all ages engaged in swimming. USA Swimming offers programs for beginners, Olympians and everyone in between.

USA Swimming is dedicated to further development of the sport. Our three core objectives are:

- Build the base
- Promote the sport
- Achieve competitive success

Your financial support will support Havasus Stingray Swim Team club and athletes.

