

Adirondack District Masters Membership Survey

(Please complete the following info as this is separated from registration form after we receive it. Thank you!)

Name: _____ Home Phone: _____
Occupation: _____ E-mail: _____
Membership interest: Fitness Competitive Triathlete
Other interests or hobbies: _____

Help update the directory of Places to Swim:

Name of pool where you swim: _____
Address: _____
Contact person name & phone number: _____
Coached workout? Yes No When? _____ Fee: _____
Name of coach: _____
Many visitors to the Capital District call for places to swim. What is the charge for swimming at your pool for a limited time? _____

I would like to volunteer to work on the following committee(s):

- Social
- Records: Short course meter
- Open Water/Long-Distance
- Safety
- Publicity
- Fitness
- Meet Management & Assistance
- Newsletter
- Nominations
- Officials (I am a certified official)
- Coaching (I am a coach at _____)
- Web Page
- Relays
- Sanction

Would you be interested in a board position (officer or committee chairman)?

- yes
 Chairman Treasurer _____ Committee
 Secretary Registrar
 no

Is your pool available for a Masters meet? Yes No

Name of facility: _____
Location: _____
Available course(s): (circle) 25yd 25m 50m
of Lanes: _____
Name & Phone of Person to Contact: _____