



MASTERS SWIMMING ONTARIO

Box 8, 552 Church Street
Toronto, Ontario
M4Y 2E3

CLUB SWIMMER TRANSFER

Name

Address

City

Postal Code

Phone

Home () -

Work () -

Email

Date of Birth

DD MMM YR

Gender

Female

Male

Old Club

MSO #

New Club

*PLEASE ATTACH CURRENT REGISTRATION CARD
AND MAIL TO MSO AT THE ABOVE ADDRESS
An updated card will be returned*

TRANSFER FEE: No Charge

Club Rep.
Signature:

Date:
