


# “Intent to Participate Form” SWIM - 2019

**TO:** County Youth Commissioners  
**FROM:** Krysten Inman, Recreation Director  
**DATE:** May 10, 2019



**DUE BY:**  
**MAY 31,**  
**2019**

Swim season is quickly approaching. Please take a moment and indicate whether or not your Town/Village/City will be participating in the county swim program by **providing an “INSTRUCTIONAL” Swim Program. To be considered an “INSTRUCTIONAL” Swim Program you must have a certified WSI providing the swim instruction.**

Name of Town/Village: \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Please list the areas (towns) that your program will serve and the site (location) where the program will be provided: \_\_\_\_\_

Total Number of Weeks of Program: \_\_\_\_\_

Number & Days of the Week Program is offered: \_\_\_\_\_  
(example: 4 days, M – TH)

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Lesson Times/Day: \_\_\_\_\_

If you will be participating, please appoint a coordinator that will be responsible for disbursing all pertinent paperwork (attendance sheets, claim information, final reports, etc.) and information for the swim program. Please provide the following information as soon as possible and no later than **May 31, 2019.**

Coordinator’s Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

### **Complete and Return to:**

**Clinton County Youth Bureau  
Youth Recreation Program  
137 Margaret Street  
Plattsburgh, N.Y. 12901  
Phone: 518-565-4750      Fax: 518-565-4775**

**\*Any Municipality that fails to return this form by May 31, 2019 CANNOT be considered for reimbursement\***