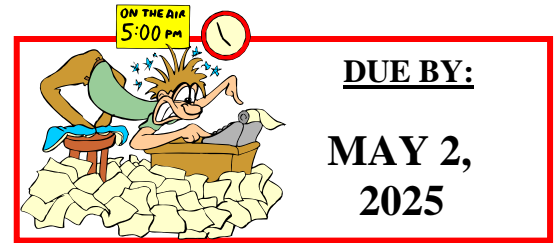


“Intent to Participate Form” SWIM - 2025

TO: County Youth Commissioners
FROM: Chris Wiley
DATE: April 4, 2025



DUE BY:

**MAY 2,
2025**

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 2, 2025**.

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 2, 2025 CANNOT be considered for reimbursement.**