

REIMBURSEMENT REQUEST FORM
SECTIONALS

Circle meet you are requesting funding for:

1. Spring Sectionals

2. Summer Sectionals

DATE: _____

Swimmers names that attended Sectionals:

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

(Use back of sheet for additional names if more than 20 swimmers from your team attended sectionals).

CLUB REQUESTING REIMBURSEMENT: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

MARK WHICH NORTHERN COLORADO DISTRICT CHAMPIONSHIP MEET WAS ATTENDED THIS SEASON.

WINTER DISTRICTS _____ **GOLD DISTRICTS** _____

MAIL REQUEST TO:
NORTHERN COLORADO SWIMMING
c/o Linda Seckinger
5 Cherry Avenue
Eaton, CO 80615
970-454-3697

A COMPLETED REIMBURSEMENT FORM MUST BE FILLED OUT FOR EACH TEAM REQUESTING REIMBURSEMENT AND RECEIVED BY OCTOBER 15, 2009.

For Office Use Only: Date _____ Check No. _____

21.	_____	22.	_____
23.	_____	24.	_____
25.	_____	26.	_____
27.	_____	28.	_____
29.	_____	30.	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____