

REIMBURSEMENT REQUEST FORM

Circle meet you are requesting funding for:

1. Spring Nationals

2. Summer Nationals

3. Western Zones

DATE: _____

NAME OF SWIMMER: _____

USA ID # _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

CLUB ATTACHMENT: _____ CURRENT REGISTRATION YEAR: _____

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 SWIMMER REQUESTING REIMBURSEMENT AND RECEIVED BY OCTOBER 15, 2009.

For Office Use Only: Date _____ Check NO. _____