

**SIERRA NEVADA SWIMMING
DISABILITY REIMBURSEMENT APPLICATION**

TEAM: _____

COACH: _____

PHONE NUMBER: _____

CLUB ADDRESS: _____

I certify that all of the information listed on this Disability Award Application is true and correct. Furthermore, I understand that the my club will not receive funds if the information is incomplete or the conditions for reimbursement are not completely followed.

Signature of Team Representative _____

Athletes participating in a disability meet are eligible for up to \$700 per season (twice per year). Receipts for all travel must be provided. Reimbursement applications need to be completed by ONE team representative. Reimbursement checks will be made out to each qualifying athlete.

Please mail all forms to:

Jeff Pearson
Sierra Nevada Senior Chair
P.O. Box 1714
Folsom, Ca 95763

Athlete Name: _____

Competition attended: _____

Amount Requested: _____

**ALL APPLICATIONS MUST BE RECEIVED BY MAY 8TH, 2010.
NO LATE APPLICATIONS WILL BE ACCEPTED!!!**

