

**ATHLETE NATIONAL TRAVEL REIMBURSEMENT REQUEST FORM**

# Minnesota Swimming Reimburses a Portion of Travel to Designated Swim Meets.

 Travel Reimbursement may be requested for **ONE MEET per SEASON per INDIVIDUAL**.

**Reimbursement Amounts: Summer 2021**

USA Olympic Trials Wave I or Wave II June 4-7, 2021 Omaha, NE $800.00

 June 13-20, 2021

2021 Speedo Summer Championships August 3-7, 2021 Various $450.00

INDIVIDUAL EVENT PARTICIPANTS will receive 100% of the reimbursement amount.

RELAY ONLY participants will receive 50% of the basic reimbursement amount.

MINNESOTA SWIMMING ATHLETE REQUIREMENTS FOR REIMBURSEMENT

1. The athlete must be a member in good standing with an MNSI Chartered Swim Club, or registered as an MNSI Unattached Swimmer.

2. The athlete must compete in at least two (2) MNSI sanctioned meets in the previous 12 month of the meet for which he/she is collecting.

3. A current MNSI registered athlete who has competed in MNSI swim meets and was an MNSI registered athletes for a period of 6 years may be exempt from the 2nd requirement.

\* Note this on the request form below with an asterisk by the athlete’s name.

4. An athlete may only collect from one (1) meet per season.

**Reimbursement Request Form Directions**:

* Download this form to your computer desktop. Tab through the document to complete. Save.

Keep in Word format.

* Send an email to MNSI Office (dwentzel@mnswim.org and tmeece@mnswim.org ) with this completed request form as an attachment.

Summer 2021 Request Forms Must Be Received by September 30, 2021

**MINNESOTA SWIMMING ATHLETE NATIONAL TRAVEL REIMBURSEMENT REQUEST FORM**

**Swim Club Requesting Funds:** **Club Code:**

Meet Name:       Location:       Dates:

|  |  |  |
| --- | --- | --- |
| **ATHLETE'S NAME** | **List One Individual Event Swum at this Meet or write “Relay Only” and list one Relay Event** | **AMOUNT REQUESTED** |
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**[ ]  The person completing this form must check here**, verifying that all athletes requesting funding are USA Swimming Athlete members

in good standing and have competed in a minimum of 2 sanctioned meets in the 12 months preceding the meet for which they are requesting funds.

Title: [ ]  Club Coach / [ ]  Other:       Name:       Day Phone #

Total Amount Requested: $       Date:       Email Address:

(Checks are payable to clubs only, unless athlete is registered as unattached/not affiliating with any team.)

Date Email Request Received by MNSI:       TOTAL AMT APPROVED: **$**

Date Paid:       Amount Paid: $