

Athlete Sectional Travel Reimbursement Request Form

MINNESOTA SWIMMING REIMBURSES A PORTION OF TRAVEL TO DESIGNATED SWIM MEETS.

* MSI will reimburse for any Speedo Section meet open to the Minnesota Swimming LSC.
* Please see attached list of 2018 Speedo Sectional Meets.
* Results must be included with your request (see below).
* Any Sectional Meet held in the Minnesota LSC is NOT eligible for reimbursement.

Reimbursement Amounts (see meets below):

Fall / Winter Season 2018 Speedo Sectional Championship Meets $200.00

Spring / Summer Season 2018 Speedo Sectional Championship Meets $200.00

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

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

Minnesota Swimming Requirements for Athlete Reimburesment

1. The athlete must be a member in good standing of an MSI Chartered Swim Club, or registered as a Minnesota

Swimming “Unattached” Swimmer (not affiliated with any club).

1. **The athlete must have competed in at least two (2) MSI sanctioned meets in the preceding year of the meet for which he/she is collecting**.
2. An athlete who has competed in MSI swim meets and was an MSI registered athlete for a period of six years may be exempt from the second requirement with Senior Committee approval.

3. An athlete may only collect from **one meet per season**.

1. The Request for Reimbursement form must include proof of attendance at the meet, for each athlete requesting

reimbursement. (\*Email a page from the final results with athlete’s name/one event)

**Reimbursement Request Form Directions**:

* Download this form to your computer desktop.
* Tab through the document to complete.
* Send an email to MSI Office ([cshapley@mnswim.org](mailto:cshapley@mnswim.org)), with this completed request form as an attachment.

Fall/Winter Season 2018 Request Forms Must Be Received by April 15, 2018

(Payment to clubs on or before May 31, 2018)

Spring/Summer Season 2018 Request Forms Must Be Received by September 30, 2018

(Payment to clubs on or before October 31, 2018)



**Minnesota Swimming Travel Reimbursement Request Form**

**For Speedo Sectional Championship Series Meets**

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

Name of Meet for which funds are being requested:

Meet Location:       Dates:

|  |  |  |
| --- | --- | --- |
| **ATHLETE'S NAME** | **INDIVIDUAL (or relay) EVENT SWUM AT MEET** | **AMOUNT REQUESTED** |
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|  |  | $ |
|  |  |  |
|  |  | $ |
|  |  |  |
|  |  | $ |
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|  |  | $ |
|  |  |  |
|  |  | $ |
|  |  |  |

**Title:**   Club Coach /  Other:      **Name:**       **Day Phone #**

**Total Amount Requested: $**       **Date:**       **E-Mail Address:**

(Checks are payable to clubs only, unless Individual is registered to Unattached)

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

**Date Paid:**       **Amount Paid: $**