

National Travel Reimbursement for Coaches

Attending Disability Swimming Meets

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

**REIMBURSEMENT AMOUNTS**

Fall/Winter 2019-2020

2019 California Classic

October 26-27, 2019 Yucaipa, CA $300

Fred Lamback Disability Meet

October 12-13, 2019 Augusta, GA $200

Northeast Para Open Cortland, NY $300

November 2-3, 2019

US Paralympics National Swimming Championships/CanAm Open

December 6-8, 2019 Lewisville, TX $400

Jimi Flowers Classic

January 18-19, 2020 Colorado Spring, CO $300

Spring/Summer 2020

Indianapolis 2020 World Para Swimming World Series

April 16-29, 2020 Indianapolis, IN $600

Bill Keating Junior Para Open

May 9-10, 2020 Cincinnati, OH $300

Tokyo Trials

June 25-28, 2020 Minneapolis, MN (UOFM) $0

MINNESOTA SWIMMING COACH REQUIREMENTS FOR REIMBURSEMENT

1. The applying Coach must be a member in good standing with a current Minnesota Swimming Club.

2. The applying coach must have attended the meet for which he/she applies for reimbursement.

3. The coach must have coached athletes from his/her team at the meet for which he/she requests reimbursement.

4. A club may request reimbursement for one **(1) coach per season.**

5. For verification purposes, the **coach must submit a copy of their flight or hotel receipt** (with name and dates) pertaining to meet requesting. (Send this as an attachment along with the reimbursement request form.)

**Request Form Directions for Completion & Submission:**

Download this form to your PC desktop. Put your cursor on the request form and click. It should go to the first item to be completed. Continue to tab through the form to complete all the requested information. Save your information. Send the same Word Document as an email attachment to [cshapley@mnswim.org](mailto:cshapley@mnswim.org)

Fall/Winter 2018-19 Request Forms must be received by **April 15, 2020** (Payment to clubs on or before May 31, 2019)

Spring/Summer 2019 Request Forms must be received by **Sept 30, 2020** (Payment to clubs on or before Oct. 31, 2018)

**Minnesota Disability Swimming**

**Coach National Travel Reimbursement Request**

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

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| **COACH'S NAME** | **SWIM MEET NAME** | **AMOUNT REQUESTED** |
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| **SWIM MEET LOCATION** | **SWIM MEET DATES** |  |
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|  |  | $ |
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Coach’s Day Phone #:

E-Mail Address:

Total Amount Requested: $       Date Requested:

(Checks are payable to clubs only)

Date Email Request Received by MSI:

Proof of Meet Attendance Received:  YES  NO Type of Proof:  Hotel Receipt  Flight Receipt

TOTAL AMT APPROVED: $

Date Paid:       Amount Paid: $