**Reimbursement Form**

**Wisconsin Swimming Coaches Education Program**

Send to coaches ed program coordinator, Mike Hruska at hruskamike@gmail.com

Coaches Name and Club:

Date:

Email:

Phone:

Activity for reimbursement:

Make check payable to:

Mail to:

Attach receipts (hotel, registration, airfare) and pictures (mentoring) to email

Travel miles (driving):

Starting location:

Ending location:

**Reimbursement request**

Airfare: $

Hotel: $

Registration/fees: $

Travel miles (total miles x $.54): $

**Total reimbursement requested: $**

What did you learn from this educational opportunity?

How can we improve the coaches ed program?

Who would be a great speaker and topic for a hosted talk?