



**NIAGARA SWIMMING  
TRAVEL REIMBURSEMENT APPLICATION FORM  
FOR ADAPTED SWIMMING**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

USAS #: \_\_\_\_\_ Club: \_\_\_\_\_

Eligibility:

To be eligible for reimbursement, the athlete must have swum in at least three (3) Niagara LSC meets during the current season [September 1<sup>st</sup> through August 31<sup>st</sup>].

Meet results must be in SWIMS.

Meet Name: \_\_\_\_\_ Date(s) of competition: \_\_\_\_\_

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I apply for travel funds under Niagara Swimming Policies and Procedures (*check one*):

- C1. I am a resident member of Niagara LSC for one year preceding the meet for which funds are requested.
- C2. I do not meet above requirements, but request the Executive Committee to consider extenuating circumstances.  
If C2, please attach a petitioning statement.

**The amount of reimbursement shall be at the discretion of the Niagara Swimming Board of Directors  
All checks will be issued to the CLUB**

Mail check to:

**Applications MUST be delivered via U.S. Mail to Eric Stimson  
and postmarked within 30 days of relevant meet**

Mail to:  
Eric Stimson  
1185 Doebler Drive  
North Tonawanda, NY 14120

Applications will be accepted by mail only.

**OFFICE USE ONLY:**

C1 Membership verified with Registration Coordinator: \_\_\_\_\_

C2 Approved by Executive Committee (if necessary): \_\_\_\_\_

Participation in Meet verified \_\_\_\_\_ Amount approved \$ \_\_\_\_\_

Treasurer: Check # \_\_\_\_\_ Date Sent: \_\_\_\_\_

Revised: August 2015