

St. Charles Swim Team Officials Reimbursement Program

Name: _____

Type of Reimbursement Sought:

_____ Yearly Registration

_____ Background Check

_____ Clinic Fee

Amount: _____

Requirements for Reimbursement:

For all reimbursement, a copy of your OTS covering the required timeframe needs to be attached, along with a copy of the payment receipt or check for the reimbursement you are seeking.

To be reimbursed for yearly registration or background checks your OTS must show at least 15 sessions worked, and at least 10 of those must be at SCST events (meets, time trials, Grand Prix, and Team Championships all count) in the preceding year to qualify.

To be reimbursed for a clinic you must have completed all training for the position and be successfully certified at the position prior to reimbursement.

Submit this form and all supporting documents to the SCST Officials Chair through the family mailbox or via email.

Reimbursement Amount: _____

Approved: _____ SCST Officials Chair