***ILLINOIS SWIMMING***

***PARALYMPIC TRAVEL SUPPORT APPLICATION***

*Effective October 2022*RECEIPT COPIES ***MUST*** ACCOMPANY THIS COMPLETED FORM!

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Name:** |  | | | | **Club:** | |  |
| **Address:** |  | | | | | | |
| **City:** |  | **State:** | | IL | **Zip:** | |  |
| **Email Address:** |  | | **Cell Phone Number:** | | | 999-999-9999 | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***\*\* List below only the meet(s) for which reimbursement is requested. Check if it is a National or Prep level meet. \*\**** | | | | | | | | | | |
|  | National |  | Prep | |  | | | |  |  |
| **Meet(s) Attended** |  |  |  | |  | | | | **Date:** | mm/dd/yy to mm/dd/yy |
|  |  |  | |  | | | | **Date:** | mm/dd/yy to mm/dd/yy |
|  |  |  | |  | | | | **Date:** | mm/dd/yy to mm/dd/yy |
| **List Athlete’s Name and all individual events competed in at the meet** *(do NOT include TIME TRIAL events)* | | | | | | | | | | |
|  | | | |  | |  |  |  | | |
|  | | | |  | |  |  |  | | |

**Expenses** **Club Support (Allocation)**

|  |  |
| --- | --- |
| *Receipt copies for all expenses must accompany this application.*  *If expenses are shared, show only your share of the expenses. Reimbursement will only be made for receipts provided.* | *Please designate how the Club Support was allocated for expenses using actual dollar amounts.* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Travel: | Air Fare |  |  | Coach: |  |
|  | Car Rental |  |  | Athlete |  |
|  | Gas Receipts |  |  |  |  |
| Hotel: | |  |  | Additional Notes (if necessary): | | |
| Meals: | |  |  |  | | |
|  | |  |  |
| **TOTAL** | |  |  |

I am aware of the eligibility rules of USA Swimming regarding monies which can be accepted to cover travel expenses for National Meets and I declare that the above sources of monies did not exceed the expenses I incurred.

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  |  |
| Athlete Signature Date | |  | Coach Signature Date |
| **Please indicate to whom check should be written: \*Please Type or Print Name & Address\*** |  | | |
|  | *Athlete, Parent (if athlete is under age 18), or Club* | | |

**Receipt of this form and receipt copies are due within 14 days of the requested competition meet**

Originals receipts are not needed. **Email/Scan is preferred** to Travel Support: [travelsupport@ilswim.org](mailto:travelsupport@ilswim.org)   
To mail send: “Attention Travel Support” to the ISI Office 1400 E. Touhy Ave., Suite 410, Des Plaines, IL 60018

*ALL CHECKS WILL BE WRITTEN BY DEADLINES LISTED ON TRAVEL SUPPORT PROGRAM INFORMATION SHEET*.

|  |  |  |  |
| --- | --- | --- | --- |
| **FOR OFFICE USE ONLY**: Amount Approved |  | Approved by |  |