Louisiana Swimming, Inc.

**Coach Travel Reimbursement Request 2019 - 2020**

Name Age

Address

 (street)

 (city) (state) (zip code)

Phone Date of Application

 (must be mailed no later than 2 weeks after meet concludes)

L.S.I. Team Represented U.S.S. #

Which meet: Florida Sectionals Senior Zones Texas Sectionals

 NCSA Jr. Nats Futures Meet USA Swimming Jr. Nats

 Senior Nationals Olympic Trials

**Date of Meet** **Location of Meet**

**Please provide the information requested below and attach documentation for airfare and hotel cost.**

Name of Airline used to travel to the meet:

Cost of Airline Ticket:

Name of motel/hotel: Cost of motel/hotel stay:

Check-In Date Check-Out Date

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

I certify that the above information is both accurate and correct. I have attached required documentation.

Coach’s Name Coach’s Signature:

 (PRINT)

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Mail completed request to: Louisiana Swimming, Inc.

The completed form and supporting documentation may be scanned and sent via e-mail to: Instrlind@gmail.com

(must be mailed no later than two Warren Lind, Treasurer

 weeks after meet concludes) 720 Green Acres Road

Questions? Metairie, LA 70003-2437

504-410-5912

Instrlind@gmail.com