

**Coach/Club Reimbursement Form**

Coach's Name:	Club Name:
Coach's Address: -----	Club Address:
Coach's Phone:	Club Phone:

Receipts

Date	Meet Name	Number of Athletes	Relays	Submit?	Total	Shares (For Office only)

Coach's Signature:

Senior Chair Signature: (For Office Only)

**Please remit to:**

**Mike Werner, Senior Chair**

[seniorswimming@utahswimming.org](mailto:seniorswimming@utahswimming.org)

**12372 S Koppers Ln**

**Herriman, Utah 84096**

Please refer to Utah Swimming Policies and Procedures 1.23 for complete policy.

**Reimburse: Club**

(Circle One)

Deadlines for Submittal:

**Short Course Season: May 7**

**Long Course Season: August 30**