

Michigan Swimming, Inc. Athlete Travel Fund Request Form

Print Form

Athlete Name: [] Phone Number []
Address: [] City, State, Zip: []
E-Mail: [] Club: [] Coach: []

To be eligible, you must have competed in at least three (3) Michigan Swimming meets at which you swam a minimum of nine (9) individual events during the past twelve (12) month period.

- Full Share: Registered with MS Four (4) full years (continuously or discontinuously)
.75 or 3/4 Share: Registered MS three (3) years
.5 or 1/2 Share: Registered with MS two (2) years
.25 or 1/4 Share: Registered with MS one (1) year

The intention of this fund is to help defray the cost of competing at National level meets, not to fully reimburse the total cost.

List three MS meets (name and date of meet and the individual events you have participated in, in the past 12 months:

USA Swimming registration dates (indicate the last four years of registration in USA Swimming and the name of the club you were with). Used to compute shares listed above.

[]
[]
[]

Year: [] Club: []
Year: [] Club: []
Year: [] Club: []
Year: [] Club: []

Funds requested for these National level meets.

- Trials for National Teams
National/International Disability Meets
U. S. Open
Senior Nationals
Junior Nationals
Open Water Nationals
NCSA Junior. Nationals
Other []

Name of Meet: []
Date of Meet: []
City, State: []

Events: Individual and Relay:

[]
[]
[]

Expenses (you must attach receipts or legible copies of receipts for which you are requesting reimbursement).

Hotel \$: [] Airfare \$: [] Meals \$: [] Gas \$: [] Other (desc) \$: [] Total \$: []

Declare any other funds you have or will receive for participation in this meet. (USA Swimming, Club, or any sponsor). This must include any and all assistance from any source other than from you or your family.

Source: [] \$: []

Payee (club or parent for HS age athlete): [] Date: []

I certify that all information provided is true and accurate.

Swimmer's Signature _____ Parent/Coach Signature _____

Send completed form with attachments to:

Michigan Swimming Office
2245 Knollcrest,
Rochester Hills, MI
48309

Must be postmarked no later than May 1st for Short Course and Sept. 15th for Long Course

Attention Club Treasurers: All Club reimbursement letters must include the following for this request to be considered:

- Athlete Name
- Meet Name (ex. Junior Nationals)
- Host City, State
- Date of meet
- Itemized list of athlete expenditures/cost as stated on the form above (hotel, airfare, etc...)