



Lisa Jorgenson, Treasurer
SD Swimming, Inc.
504 17th Ave. NE
Aberdeen, SD 57401
treasurer@sdswwimming.org

South Dakota Swimming, Inc. Coach Clinic Reimbursement Form

As approved at the House of Delegates Fall, 2012 meeting, SDSI will reimburse SD Member Clubs up to \$100 for one (1) team coach to attend a coach's clinic.

If the club coach attends the Dakota Coach's Clinic, co-sponsored by SDSI, then no submission of this form is necessary as clubs will be reimbursed the full \$100 automatically.

If the club coach attends another Coach's Clinic, please complete this form and submit to the Treasurer for reimbursement.

SD Team: _____

Coach Name: _____

Clinic: _____

Date: _____

Location: _____

Total Amount to be reimbursed: _____ (Up to \$100 maximum)

Attach copies of receipts to substantiate reimbursement.

Requests for reimbursement are due no later the August 31st of that year.

Mail this form, along with receipts, to:

Robin Sorbe, Treasurer
SD Swimming, Inc.
2336 Cascade Circle
Brookings, SD 57006