



## Application for Athlete Travel Reimbursement Adaptive Swimming

Name of Applicant: \_\_\_\_\_ Team: \_\_\_\_\_ USA Swimming ID: \_\_\_\_\_

Name of Parent or Legal Guardian, if under 18: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Travel Expenses

Meet(s) & Dates Attended: \_\_\_\_\_

The maximum reimbursement for certification is \$100 as set forth by the SNS Board of Directors and not amount spent. No reimbursements will be made without proven expenses/receipts. Please attached travel receipts, and if digitally submitting receipts, they must be in .jpeg or .pdf format (no HEIC).

	Total Spent
Travel Mode: (e.g. air, car) _____	_____
Lodging: _____	_____
Ground Transportation: _____	_____
Meals: _____	_____
Total	_____

I have met the requirements for financial assistance as set by the SNS Board of Directors for the Adaptive Swimming Travel Reimbursement document. I also attest I received no other financial support from USA Swimming.

Swimmer Signature (or parent/legal guardian if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

Make check payable to (Athlete or Parent only – no teams or other individuals): \_\_\_\_\_

Mail To Address: \_\_\_\_\_

City, State Zip \_\_\_\_\_

**\*\*Forms must be filled out completely and received within 10 days of returning from meet attended.** Late and incomplete forms are subject to SNS Board for Approval. Checks not cashed within 60 days of issuance will be forfeited.\*\*

Mail to:  
Sierra Nevada Swimming  
PO Box 833  
Roseville, CA 95661

Or email to SNS Executive Director:  
Alex.Ongaco@sns swimming.org