



**FL Swimming, Inc.
Outreach Entry Fee Reimbursement Form**

**Please note that the athlete for which reimbursement is requested, must previously have been approved for Outreach Eligibility through FL Swimming, Inc. Office*

_____	_____
Club Name	Name of Person Completing Form
_____	_____
Mailing Address	Title of Person Completing Form
_____	_____
City, State, Zip Code	Signature of Person Completing Form
_____	_____
Email Address	Telephone Number
_____	_____
Meet for which reimbursement requested	Location and date of meet

<u>Full Name(s) of Athlete(s)</u>	<u>Age</u>	<u>Amount Requested</u>	<u>Events entered (by the meet number)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Amount Requested: _____

**Provide proof of entry fee payment for all events entered but not swam. Application must be submitted within 45 days of the meet date. Send to:

Florida Swimming, Inc.
214 E. Washington St., Ste. B, Minneola, FL 34715
Phone: 352-242-5145**Fax:** 352-242-5245**Email:** admin@floridaswimming.org