**Kentucky Swimming Inc.**

**Athlete Travel Fund Reimbursement Application**

Athletes shall be reimbursed one meet per long course and short course season and for the highest level meet competed having no bearing on reimbursement value for that meet.

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| **Club:** |  |  | **Date:** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Address:** |  | **City:** |  | **KY** | **Zip Code:** |  |

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| --- | --- | --- | --- |
| **Coach Attending Meet:** |  | **Email Address:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Meet Location:** |  | **Meet Dates:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | SCY Sectionals |  | Winter Jr. Nationals |  | Winter Nationals |  | U.S. Open |  | Futures |
|  |  |  |  |  |  |  |  |  |  |
|  | LCM Sectionals |  | Summer Jr. Nationals |  | Summer Nationals |  | Olympic Trials |  |  |

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| --- | --- | --- | --- |
| **Athlete Name** | **Meet Name** | **Event Swum**(list only 1 event) | **KYLSC Meets attended**(at least 1 per season of reimbursement request) |
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| This application must be submitted to kyswim@kylsc.org or mailed to the address below. Kentucky SwimmingPO Box 630Versailles, KY 40383**I certify to the best of my knowledge, the application herein is accurate.** **Signature: Date:** |
| **Athlete Name** | **Meet Name** | **Event Swum**(list only 1 event) | **KYLSC Meets attended**(at least 1 per season of reimbursement request) |
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PO Box 630

Versailles, KY 40383

**I certify to the best of my knowledge, the application herein is accurate.**

**Signature: Date:**