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.

Club: _____ **Date:** _____

Address: _____ **City:** _____ **KY** **Zip Code:** _____

Coach Attending Meet: _____ **Email Address:** _____

Meet Location: _____ **Meet Dates:** _____

☐ SCY Sectionals ☐ Winter Jr. Nationals ☐ Winter Nationals ☐ U.S. Open ☐ Futures

☐ LCM Sectionals ☐ Summer Jr. Nationals ☐ Summer Nationals ☐ Olympic Trials

Athlete Name	Meet Name	Event Swum (list only 1 event)	KYLSC Meets attended (at least 1 per season of reimbursement request)

This application must be submitted to kyswim@kylsc.org or mailed to the address below. Kentucky Swimming
PO Box 630
Versailles, KY 40383

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

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