**Entry Fee Reimbursement Program for Outreach Athletes**

**(Issue Date – 10/04/10)**

**Purpose of Program:**

To encourage the participation of Outreach Athletes in SES meets, SES will reimburse a club for meet entry fees paid by the club for each outreach athletes in a single meet not hosted by the club..

**Reimbursement Procedure:**

1. The Registration Chair will advise the Treasurer of the names and club affiliation of all SES registered Outreach Athletes.

2. SES will send a letter to the Point of Contact for each club that registers an Outreach Athlete advising the club that it is eligible for reimbursement of meet entry fees paid for the athlete.

3. The reimbursement will be paid for (a) the swimmer surcharges (SES and Facility) and (b) all individual event entry fees paid by the club for the athlete.

4. \*The club must file for the entry fee reimbursement within 60 days of the conclusion of the meet.

5. The Treasurer will provide an Outreach Entry Fee Reimbursement Request on the Diversity page of the SES website for use by clubs eligible for the reimbursement.

6. For reimbursement, the club must provide (a) the athlete’s name, (b) the date and location of the meet, and (c) the individual events for which entry fees were paid for the athlete.

7. The Treasurer will confirm the entry information from the published meet results. If the athlete did not swim an entered event, the club will not be reimbursed..

8. The reimbursement check will be made payable to the club and forwarded to the address provided on the reimbursement request.

**\*except for the period 10/4/11 to 5/31/11 due to the illness of the Outreach Chair – during this period, reimbursement requests must be made by August 1,2011**

**SOUTHEASTERN SWIMMING**

**Outreach Entry Fees Reimbursement Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount per event SES Surcharge Facility Surcharge

Requested Events entered (by meet number)\*\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Athlete Total Amount Requested:

\*\* Entry fee reimbursement will only be made for events entered and swum. SES Swimmer Surcharge and any applicable Facility Surcharges will also be paid. No late entry fees will be paid. No relay entry fees will be paid. No entry fees for events entered but not swam will be paid. Application must be submitted within 60 days of the meet date.\*

Results for listed event numbers checked

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of Check

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paid to:

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treasurer’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Mailed

**\*except for the period 10/4/11 to 5/31/11 due to the**

**illness of the Outreach Chair – during this period,**

**reimbursement requests must be made by August 1,2011**

Send to:

SES Treasurer