**ALASKA SWIMMING, INC.**

**SENIOR TRAVEL REIMBURSEMENT APPLICATION**

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| The ASI National Travel fund will be used to help defray the travel costs of ASI athletes and their coaches who participate in senior level sectional, zone, and national meets. National Travel Fund budget mounts shall be approved by the House of Delegates (HOD) at the Annual Meeting as part of the annual budget process. Currently registered ASI coaches who accompany qualifying swimmers may apply for travel reimbursement funds, and will be reimbursed to the extent that budgeted funds are available. If overall requests exceed the budgeted amount for the season, reimbursements will be prorated.**In order to be eligible for funds**, swimmers shall be currently registered ASI athlete members, be a member in good standing of an ASI team, be qualified for at least one (1) individual event at the National meet (relay only swimmers do not qualify for reimbursement) and have swum in one of the last round of ASI statewide championship meets (AGC, GAO, or JO’s) and not represented another LSC 120 day’s prior. Collegiate swimmers who maintain annual ASI athlete registration, are legal residents of the state of Alaska and represent an ASI Team are exempt from having to swim in an ASI statewide championship meet.When applying, please attach copies of the page(s) from the final meet results (not psych sheet) showing the name of the athlete in the event(s) in which he/she competed. Coaches may use this form for reimbursement being sure that the name of the meet attended, the dates of the meet, and which athletes were taken are listed. |

Athlete/Coach Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Winter/Spring Meet Attended (Application Postmarked by April 1):**

 **** Short Course Senior Sectionals

 **** Winter Jr. or Sr. National Meets

**Summer/Fall Meet Attended (Application Postmarked by November 1):**

**** Long Course Senior Sectionals

**** Futures Championship

 **** Summer Jr. or Sr. National Meets

 **** Olympic Trials or other National Team selection Meets

By signing this form below, we certify the following:

1. The athlete/coach is a member in good standing of an ASI chartered swim club or registered as an unattached swimmer. AND
2. Be qualified for at least one individual event at the National meet AND
3. The athlete swam in at least one (1) of the last round of ASI statewide championship meets and not represented another LSC 120 days prior.
4. Collegiate swimmers who maintain **year round** ASI membership, are legal residents of the State of Alaska and represent an ASI Team are exempt from requirement 3 above.
5. I have incurred expenses, to attend this meet, that are at least equal to the amount of reimbursement I am eligible for.

Make sure to attach the following:

* Copies of payment receipts for tickets. These receipts must include the swimmers name, and the price paid for the ticket and **MUST BE ORIGINAL PAYMENT RECEIPTS, NOT TRAVEL CONFIRMATIONS**
* Copies of the page(s) from the final meet results (not psych sheet) showing the name of the athlete in the event(s) in which he/she competed

Athlete Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Person Submitting Request: | Mail Check To: |
| Name: | Name: |
| Address: | Address: |
|  |  |
|  |  |
| Phone: | Phone: |
| Email: | Email: |

**Mail Application To:**

Wendy Kolberg, ASI Treasurer, 13891 E Jersey Loop, Palmer, AK 99645, kolbergw@yahoo.com