



OSI National Travel Reimbursement Form (rev 7/30/16)

Name and Location of Meet _____

Eligible swimmers shall compete in a minimum of 3 OSI sanctioned competitions during the short course season and 2 OSI sanctioned competitions during the long course season. For additional eligibility requirements, refer to OSI’s website under Administration and Standing Rules. Completed forms must be received before April 15th for Short Course reimbursement consideration and before September 15th for Long Course reimbursement consideration. Reimbursements checks issued to clubs do not require receipts.

Club Code: _____ Attending Coach: _____ Email: _____

Name & Address of Club Treasurer: _____ City, State, Zip: _____

I have read USA Swimming’s Code of Conduct and understand that OSI reimbursement will be forfeited if this code is violated. Follow this link to see the code <http://www.usaswimming.org/ViewMiscArticle.aspx?TabId=1599&mid=6074&ItemId=5517>.

Coach Signature & Date _____

Name/USA Swimming ID Number	List one individual event swam at meet	Relay Only?	OSI Sanctioned Meet 1	OSI Sanctioned Meet 2	OSI Sanctioned Meet 3 (SC only)
1. USA #					
2. USA #					
3. USA #					
4. USA #					
5. USA #					

Scan and email this completed to office@oregonswimming.org