

INDIANA SWIMMING

OPEN WATER NATIONAL EVENT TRAVEL SUPPORT APPLICATION

Effective November 2022

RECEIPT COPIES **MUST** ACCOMPANY THIS COMPLETED FORM!

Applicant Name:		Club:	
Address:			
City:		State: IN	Zip:
Email Address:		Cell Phone Number:	999-999-9999

	National	Relay Only		Date:	mm/dd/yy to mm/dd/yy
Meet(s) Attended				Date:	mm/dd/yy to mm/dd/yy
<i>Check if National or Relay Only</i>				Date:	mm/dd/yy to mm/dd/yy
				Date:	mm/dd/yy to mm/dd/yy

List all individual events at National Level Meet (do NOT include TIME TRIAL events)

Expenses

Receipt copies for all expenses must accompany this application.
 If expenses are shared, show only your share of the expenses.
 Reimbursement will only be made for receipts provided.

Travel: Air Fare	
Car Rental	
Gas Receipts	
Hotel:	
Meals:	
Entry Fees:	
TOTAL	

Income

List all monies from any source (other than family) received used towards expenses for above National Meet.

Sponsor	
Club/School	
Any other source (if necessary):	

I am aware of the eligibility rules of USA Swimming regarding monies which can be accepted to cover travel expenses for National Meets and I declare that the above sources of monies did not exceed the expenses I incurred.

Athlete Signature	Date
Coach Signature	Date

Please indicate to whom check should be written:

***Please Type or Print Name & Address**

Athlete, Parent (if athlete is under age 18), or Club

Receipt of this form and receipt copies are due within 14 days of the requested competition meet
 Originals receipts are not needed. **Email/Scan is preferred** to Tony Young Executive Director: tony@inswimming.org
 To mail send: "Attention Tony Young" to the ISI Office 11550 N. Meridian St. Carmel, IN 46032

ALL CHECKS WILL BE WRITTEN BY DESIGNATED DATES LISTED IN PROGRAM INFORMATION IF THE COMPLETED FORM & RECEIPTES ARE SUBMITTED BY DEADLINE LISTED ABOVE

FOR OFFICE USE ONLY: Amount Approved _____ Approved by _____