OUTREACH MEET ENTRY PROGRAM

October 25, 2022

Get reimbursed for 50% of individual entry fees.

Start Date: October 25, 2022 **Plan: 1 year (then, review)**

GOAL:

The goal is to allow more athletes to have competition experience, no matter what their family financials may be. Competitions can be costly and can limit outreach families from participating, especially if they have multiple swimmers within their families.

GUIDELINES/RULES:

1. The athlete must be currently registered with a year-round USA Swimming Outreach Membership.
2. Unattached athletes must have completed the Transfer form via USA Swimming registration link with their new team.
3. The 50% meet entry fee reimbursement is not retroactive to other years or previous seasons.
4. The 50% meet entry fee reimbursement includes only sanctioned or approved meets of the LSC.
5. The 50% reimbursement does NOT include relay entry fees, splash fees, facility fees, late entry fees, or other fees/expenses for a meet.
6. The swimmer must actually swim the event. Fees are not reimbursed for "No Show" events.
7. Reimbursement goes to the outreach athlete's club--not to the athlete, and not to the host club
8. Forms must be completed 30 days after the conclusion of the designated.
9. Teams must submit a Proof of Swim, for each outreach athlete.
10. It is recommended that the club submits requests at the end of each month.

HOW TO GET REIMBURSED

1. Teams must submit a Proof of Swim, for each outreach swimmer. Proof of Swim includes one of the following: Meet Manager Summary, SWIMS report, or a copy of meet results.
2. Teams must submit the Club Outreach Summary Form.
3. Both the Club Outreach Summary Form and the Proof of Swim must be sent to Finance Manager/ Finance Chair, within 30 days of the completion of the meet at finance@wisconsinswimming.org
4. Finance Manager/ Finance Chair will submit a check, to the club.

CLUB OUTREACH SUMMARY FORM

WISCONSIN SWIMMING

Club Name: _____ Club Code: _____
Person Completing Form: _____ Date: _____
Position on Club: _____ Mailing Address: _____

Athlete	USA ID #	Meet Name	Meet Date	Number of Swims Completed	Entry Fee	Total	50% Due

Total Due to Club: $_____ Total Number of Different Outreach Athletes Listed: _____

For office use only: Date received: _____ Reimbursement Check Number: _____ Check Amount: _____