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Niagara Swimming Travel Reimbursement Form USA Swimming IM Xtreme Games-NE

Date: _____ Club Code: _____ Phone: _____

Coaches Name: _____

Club Representative: _____

Remit Check To:

Please add all athletes applying for reimbursement to one form per club. Use multiple forms if more spots are needed.

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

Club Representative Signature: _____

Senior Chair Signature: _____

Approval Date: _____ Amount Approved: _____