



Save to your computer first in order to fill, save and submit. Do not fill out in browser! You can get the free Adobe Reader at <https://get.adobe.com/reader/>.

Niagara Swimming Travel Reimbursement Application

Club Name: _____

Date: _____

Head Coach: _____

Phone: _____

Remit Check to: _____

Email: _____

Meet Attended: _____

Date(s): _____

	Athlete Name	Athlete's Home Address from SWIMS Only Required for In-LSC Reimbursement Requests)	Reimbursement		
			1/3	2/3	Full
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Club Representative Signature: _____

Senior Chair Signature: _____

Approval Date: _____ Amount Approved: _____