



OUTREACH ATHLETE MEET ENTRY REIMBURSEMENT FORM

1. The reimbursement will be for only one meet per month except for the Gulf Championship series which will extend to two meets for that month to allow those swimmers who qualify for the higher level LSC meet to compete.
2. The reimbursement will be limited to Gulf Swimming Sanctioned meets at the Gulf Approved entry fee amount for the level of the meet, Open or Championship. Team Invitational or Open meets not on the current Gulf assigned meet schedule will be reimbursed only at the Gulf Approved entry fee amounts.
3. Any swimmer surcharge and meet fees will not be more than charged for a Gulf sanctioned meet of similar type.
4. Relays are not reimbursed.
5. You can put all your swimmers in your family on 1 form.
6. Submission for reimbursements of entry fees must be made after the meet date. Reimbursements may only be requested for actual swims at a specific meet. The first time a fraudulent request is submitted, it will be denied and a written explanation and warning will be issued informing the outreach member of the inaccurate statement being submitted to Gulf Swimming for reimbursement. If a family submits a second fraudulent outreach reimbursement request they will be removed from the outreach program.
7. Submitting the form is acceptance of the policies of the outreach program and to the best of your knowledge all information is correct.

All requests for reimbursements for Entry Fees must be submitted within 30 days of the season ending. Short course ends March 31st. Long course ends August 31st. Once the check has been issued, please cash within 30 days. It may take up to two months to receive your reimbursement.

Mail to:
Gulf Swimming Inc.
Loren Fischbach
1415 South Voss Rd.
Suite 110-355
Houston, TX 77057

Or email:
loren.fischbach@gulfswimming.org



OUTREACH ATHLETE MEET ENTRY REIMBURSEMENT FORM

Team Name: _____

Swimmer's Name

MEET / #of Events

Date of Meet

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian's Name: _____

Mailing Address: _____

This section for staff use only:

Membership Administrative Assistant

Events verified by: _____

Reports supporting times attached: _____

Amount to be reimbursed: _____

Outreach eligibility verified: _____