

## **Coaches Reimbursement**

Must submit by August 31, 2023

## Request for Coach Travel Reimbursement 2022-2023 ELIGIBILITY FOR TRAVEL REIMBURSEMENT: In order to qualify for a travel reimbursement, coaches must meet the following criteria AND

**ELIGIBILITY FOR TRAVEL REIMBURSEMENT**: In order to qualify for a travel reimbursement, coaches must meet the following criteria AND **submit all required materials**. Incomplete applications will not be processed until all materials are received. **Read, complete, and initial each item below:** 

√	Coach must be a member in good standing of Hawaiian Swimming and have been a member in good standing for at least 12 months prior to the meet(s) for which a reimbursement is requested.			
	I am a coach member in good standing of Hawaiian Swimming.			(initial here)
✓	Coach must have been the designated coach of a Hawaiian Swimming registered athlete who qualified and participated for an individual event and represented Hawaii in the meet(s) for which the reimbursement is requested. Coach must present proof of attendance in all meets selected. (Please note: For coaches attending both the National and Junior National Championships without returning to Hawaii, you must provide proof of participation in both meets and receipts of your continuous stay at the location.)			
	I have enclosed a copy of proof of attendance AND a printout of meet results showing the meet name & date and the athlete's results.			
				(initial here)
✓	Original receipts for travel expenses that equal or exceed the maximum reimbursement amount. If the totalled up receipts do not equal or			
exceed the maximum reimbursement amount, only the amount submitted will be eligible for reimbursement			reimbursement.	(initial here)
the	o receive your reimbursement, complete this application form, attach all e address below by August 31, 2023. Incomplete or illegible application awaiian Swimming Board of Directors.			
	ote: Each team is limited to two coach reimbursement requests per ye	ear. Checks for coach	s travel reimburseme	nts will be made payable
<u>Cc</u>	oach Contact Information:			
Сс	oach's Name:	Team:		
E-	-mail Contact:	Phone:		
Clı	lub Contact Information:			
Сс	ontact's Name:	Team:		
Ad	ddress: City: _		Zipcode:	
F-	-mail Contact:	Phone:		