

Louisiana Swimming, Inc.

Coach Travel Reimbursement Request 2024 - 2025

Name _____ Age _____

Address _____
(street)

(city) (state) (zip code)

Phone _____ Date of Application _____

(must be mailed no later than 2 weeks after meet concludes)

L.S.I. Team Represented _____ U.S.S. # _____

Which meet: _____ Florida Sectionals _____ Senior Zones _____ Texas Sectionals

_____ NCSA Jr. Nats _____ Futures Meet _____ USA Swimming Jr. Nats

_____ Senior Nationals _____ Olympic Trials

Date of Meet _____ Location of Meet _____

Please provide the information requested below and attach documentation for airfare and hotel cost.

Name of Airline used to travel to the meet: _____

Cost of Airline Ticket: _____

Name of motel/hotel: _____ Cost of motel/hotel stay: _____

Check-In Date _____ Check-Out Date _____

I certify that the above information is both accurate and correct. I have attached required documentation.

Coach's Name _____ Coach's Signature: _____
(PRINT)

Mail completed request to:

(must be mailed no later than two weeks after meet concludes)

Questions?
504-410-5912
Instrlind@gmail.com

Louisiana Swimming, Inc.

Warren Lind, Treasurer
720 Green Acres Road
Metairie, LA 70003-2437

The completed form and supporting documentation may be scanned and sent via e-mail to:
Instrlind@gmail.com