

Louisiana Swimming, Inc.

Swimmer Travel Reimbursement Request 2023 – 2024

Florida Sectionals ----Senior Zones

Swimmer's Name _____ Age _____

Address _____
(street)

_____ (city) (state) (zip code)

Phone _____ Date of Application _____
(must be mailed later no later than 2 weeks after meet conclusion)

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

Which meet: _____ Florida Sectionals _____ Senior Zones

Date of Meet _____ Location of Meet _____

**List best qualifying time for each event actually swum at the approved meet.
(Note: place a "B" if the event was a BONUS SWIM)**

_____ 50 Free	_____ 1000 Free	_____ 50 Breast	_____ 50 Fly
_____ 100 Free	_____ 1500 Free	_____ 100 Breast	_____ 100 Fly
_____ 200 Free	_____ 1650 Free	_____ 200 Breast	_____ 200 fly
_____ 400 Free	_____ 50 Back	_____ 200 Free Relay	_____ 200 I.M.
_____ 500 Free	_____ 100 Back	_____ 400 Free Relay	_____ 400 I.M.
_____ 800 Free	_____ 200 Back	_____ 800 Free Relay	
_____ 200 Medley Relay	_____ 400 Medley Relay		

I certify that the above information is both accurate and correct and have provided required travel information on the next page with proper documentation.

Swimmer's signature: _____

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

Mail completed request to:
(must be mailed no later than two weeks after meet concludes)

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

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Travel Information (necessary due to I.R.S. regulations)

How did you travel to the meet?

_____ By air or train (provide proof of travel, i.e. ticket receipt, boarding pass)

_____ By car (submit a mileage log – download from L.S.I. website)

Hotel Stay

Name of motel/hotel _____

Check-in date _____

Check-out date _____

Provide a copy of the motel/hotel bill