Louisiana Swimming, Inc.

Swimmer Travel Reimbursement Request 2023 - 2024

USA Swimming Junior Nationals Meet

Swimmer's Name		Age	_	
Address			_	
(street)			
-	city) (state)	(zip code)	_	
Phone	Date of Applica	tion_ hiled later no later than 2 weeks after meet conclusion	_	
L.S.I. Team Represented	•	J.S.S. #	•	
Which meet:	USA Swimming Junior Nationa	al Meet		
Date of Meet	Location	n of Meet		
List best qualifying time f (Note: place a "B" if the		rum at the approved meet.		
(Note. place a B il tile e	vent was a bollos swill	')		
50 Free	1000 Free	50 Breast	_ 50 Fly	
100 Free	1500 Free		_ 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			

Information on the next page		rect and have provided required tra	vei	
Swimmer's signature:				
Coach's Name:	Coach's	s signature:		
(PRINT) ****************	********	**********	*****	
Mail completed request to:	Louisiana Swimming, Ir	The completed form and	The completed form and	
(must be mailed no later than two	Warren Lind, Treasurer			
weeks after meet concludes)	720 Green Acres Road	may be scanned and sent v		

Metairie, LA 70003-2437

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 swim 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 hill