

# Louisiana Swimming, Inc.

## Swimmer Travel Reimbursement Request 2024 – 2025

### **USA Swimming Junior Nationals Meet**

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: \_\_\_\_\_ USA Swimming Junior National Meet

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		

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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)

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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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## **Swimmer Travel Reimbursement Request 2024 – 2025**

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 bill