

TEAM TRAINING SUPPORT – FORM C

SEPTEMBER - FEBRUARY (DUE MARCH 15)

MARCH – AUGUST (DUE AUGUST 15)

Teams may apply to PNS for reimbursement to help offset training fee discounts they provide outreach swimmers. Qualifying athletes will be outreach members in good standing and must have participated in consecutive months leading up to and including the last month of the season. Athletes must have participated in the majority of available practices for their training group and three PNS Sanctioned competitions (during September to August season). Reimbursement is provided on a “shared” basis amongst all teams requesting reimbursements. There should not be an expectation that full reimbursement will be provided by PNS.

Athlete Name: _____ Club: _____

USA-S #: _____ ___ Full Outreach ___ Partial Outreach

First date of applicant participation: ___/___/___ Last date of applicant participation: ___/___/___

Did this swimmer attend the majority of practices for their training group? (circle) Yes / No

PNS-sanctioned meets applicant competed in (Three meets are required for full season September-August):

1. Meet: _____ Date: ___/___/___

2. Meet: _____ Date: ___/___/___

Training Group: _____ Coach: _____

Line 1: _____ Total amount paid by applicant during the above period.

Line 2: _____ Total amount paid by full-paying athletes from the same training group during the same period.

Line 3: _____ Subtract Line 1 from Line 2. This is the team’s discount provided to the applicant.

Line 4: _____ If athlete is full outreach, enter 1.00; if athlete is partial outreach, enter .75.

Line 5: _____ Multiply Line 3 by Line 4. This is the total number of shares for this applicant.

Attached statement of all payments by the applicant, with training fees highlighted. Attached statements of two full-paying athletes from the same training group.

THE FOLLOWING STATEMENT MUST BE SIGNED BY A USA SWIMMING REGISTERED COACH: I attest that everything represented on and attached to this form is true and accurate.

Signature

Printed

Date

RETURN FORM AND ATTACHMENTS TO PNS OFFICE BY ABOVE DUE DATE TO BE CONSIDERED.