

## Application for Athlete Travel Reimbursement Senior Travel Program – Spring 2022

Name of Applicant:	Team:	USA Swim	ming ID:
Name of Parent or Legal Guard	lian, if under 18:		
Email:	Phone:		
	T		
Meet(s) & Dates Attended: Sectionals	Travel ExpensesUS Open	US Nationals	US Winter Jrs
The maximum reimbursement for Spring 2022 be made without proven expenses/receipts. I maximum eligible. Please attach all travel rec	If your expenses exceed the maxin	num award, only prov	vide those that cover the
	<u> </u>	Total	, g o : . ipa: . o : a : ( o : . <u>-</u> . o / .
		Spent	
Travel Mode: (e.g. air, car)			
Lodging:			
Ground Transportation:			
_			
Meals:	<u> </u>		
	Total		
	Total		
Swimmer Signature (or parent/legal gu	uardian if under 18):		
Date:			
I have met the requirements for financial assis	· · · · · · · · · · · · · · · · · · ·		2 Senior Travel Reimbursement
document. I also attest that I have not receive	ed any other financial support fror	m USA Swimming.	
Please make check payable to:			
Mailing To:			<del></del>
Addraga			
City State 7in			
**Forms must be filled out completely subject to the SNS Board for Approval	• •	2022. Late and in	complete forms will be
Send to:		<u></u>	
Sierra Nevada Swimming			NS Use Only:
PO Box 833			pproved By: ward Level:
Roseville, CA 95661		Cl	heck#
Or email SNS Executive Director: alex.ongaco	@snswimming.org	CI	heck Date: