



Florida Gold Coast Swimming

951 US Hwy. #1
North Palm Beach, FL 33408

2024 – NATIONAL TRAVEL REIMBURSEMENT CLUB – APPLICATION

Club Name: _____

Club Coach Attending Meet: _____

Club's Street Address: _____

City: _____ State: _____ Zip: _____

I understand FGC Club must have held continuous FGC Swimming Registration for 12 months to received 50% allowance; 24 months for 75% allowance and 36 months for 100% allowance, prior to the meet. I also understand the club is only eligible for support for their coach(s) at two (2) eligible meet per year. This request must be received with all related receipts or receipt copies on or before December 20th. Late or incomplete applications will not be considered.

Requesting funds for participation in:

- USA-S Olympic Trials – Indianapolis
- USA-S Summer Jr/Sr Champs – Irvine
- USA-S Winter Open Champs – TBA
- USA-S Winter Jr. Champs – TBA
- USA-S Open Water Champs - Sarasota
- USA-S Paralympic Nat'l Champs – TBA
- USA-S Pro Series – Location _____ Date of Meet _____

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|---|
| <p><u>Individuals Entered:</u> (Minimum one)</p> <p>Name: _____</p> <p>Name: _____</p> |
|---|

Expenses: (you **must attach receipts or copies of receipts** for which you want reimbursement)

| | |
|----------------------------------|-----------------|
| Mode of Travel _____ | Travel \$ _____ |
| _____ # of nights @ \$ _____ | Meals \$ _____ |
| Description of Other Exp.: _____ | Hotel \$ _____ |
| _____ | Other \$ _____ |

Total Amount of Reimbursement Requested: \$ _____
(Check will be made payable to FGC Club only)

Signature of Club Coach or Other (title) _____ Date _____

Return to: Richard Cavanah, Treasurer
951 U.S. Hwy. #1
North Palm Beach, FL 33408
FGCOffice@fgcswim.org