



# Florida Gold Coast Swimming

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

## 2024 - NATIONAL TRAVEL REIMBURSEMENT - APPLICATION for INDIVIDUAL SWIMMER

Swimmer's Name: \_\_\_\_\_ Club Code: \_\_\_\_\_

Club's Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

I understand I must have held continuous FGC Swimming Registration (excluding collegiate participation) for 12 months to received 50% allowance; 24 months for 75% allowance and 36 months for 100% allowance, prior to the meet. This request must be received with all related receipts on or before December 20<sup>th</sup>. 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
- Open Water National Champs – Sarasota
- USA-S National Select Camp – Colorado Springs
- USA-S Pro Series – Location \_\_\_\_\_ Date of Meet: \_\_\_\_\_
- Nat'l Development – Name \_\_\_\_\_ Date of Meet: \_\_\_\_\_

Individual Events Entered: (Minimum one)

\_\_\_\_\_  
\_\_\_\_\_

US Paralympic Nationals – TBA

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

Mode of Travel \_\_\_\_\_ Travel \$ \_\_\_\_\_  
 \_\_\_\_\_ # of nights @ \$ \_\_\_\_\_ Meals \$ \_\_\_\_\_  
 Hotel \$ \_\_\_\_\_  
 Total Expenses \$ \_\_\_\_\_

Reimbursement received from all other sources (USA Swimming, Phillips 66, business/civic organizations or another sponsor). This does not include immediate family support.

Source (describe) \_\_\_\_\_ \$ \_\_\_\_\_

**Total Amount of Reimbursement Requested:** \$ \_\_\_\_\_  
(Checks are payable to FGC Clubs only)

\_\_\_\_\_  
Signature of Club Coach or Other(title) \_\_\_\_\_ Date \_\_\_\_\_

**Return to:** Richard Cavanah, Treasure OR [FGCOffice@fgcswim.org](mailto:FGCOffice@fgcswim.org)  
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