

2024 ATHLETE NATIONAL TRAVEL SUPPORT-OLYMPIC TRIALS:

Any information reported on the National Support Application to Florida Swimming with the intent to deceive will result in the athlete/club/coach/official forfeiting any national support requests for 2 years.

- Applications can be mailed (address on application) or scanned to email (send to admin@floridaswimming.org).
- *Please note – per FL HOD, Futures has a 2 meet attendance limit per athlete for support that started in the 2019 year. **If the athlete has competed in Futures and has received National Travel Support for any 2 years since 2019 – the athlete is not eligible for support.***
- **Applications for Olympic Trials support must be received in the Florida Swimming office prior to Friday, August 30, 2024.**
- Support is ONLY for Eligible Athletes/Coach/Club/Officials. Athletes must have qualified for an individual event to be eligible for support – relay ONLY swimmers are not eligible.
- Athlete Funding will be provided to a swimmer for only two (2) meets during the year. Coach/Club/Official funding will also be provided for only two (2) meets during the year.
- **MEAL SUPPORT IS ONLY FOR ATHLETES** – and is included in the support amount.
- Travel support includes airfare, car rental, taxi, ride-sharing, mileage, and event parking fees.
- Mileage is only considered if a personal vehicle is used for travel. A map print-out **MUST** accompany the application. Mileage will be based on the current IRS standard mileage rate. **Please DO NOT submit gas receipts unless you have rental car.**
- All receipts must accompany applications - copies are acceptable. Dates and place of business must be legible.
- Athletes will only receive funding **UP TO** the amount offered when expenses/receipts are provided.
- Florida Swimming does not issue support for entry fees, relays, and time trials.
- Florida Swimming does not issue support for upgrades on airline travel.
- **COACHES** that are traveling on a team trip – complete the Athlete Addendum (page 3) to list athletes that you are requesting support.



2024 NATIONAL TRAVEL SUPPORT APPLICATION-OLYMPIC TRIALS

Mail to: Florida Swimming, Inc.
214 E. Washington St., Ste. B, Minneola, FL 34715
Email to: admin@floridaswimming.org

Applicant **MUST** have held continuous Florida Swimming Registration for 12 months to receive 25% allowance; 24 months for 50% and 36 months for 100%. In addition, I understand I **am only eligible for Support from two (2) meets per year.** **My request for Olympic Trials support must be received in the Florida Swimming office prior to Friday, August 30, 2024.**

ATHLETE/NON-ATHLETE NAME: _____ CLUB CODE: _____

CHECK MADE PAYABLE TO (IF DIFFERENT FROM ABOVE): _____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

REQUESTING FUNDS FOR PARTICIPATION IN OLYMPIC TRIALS – MAX AMOUNT OF SUPPORT OF \$1850:

COMPETITION SCHEDULE:	Event	Date of Event
Qualifying Event #1	_____	_____
Qualifying Event #2	_____	_____
Qualifying Event #3	_____	_____
Qualifying Event #4	_____	_____
Qualifying Event #5	_____	_____
Qualifying Event #6	_____	_____

Athletes that have more than 1 day of competition may receive an additional \$200 of supplemental support IF competition dates are extended over 6 days – receipts must be included.

I will/have received funding also from USA-S for my finish position in the meet I attended. _____
Yes or No

I incurred the following expenses at the above national competition: **(RECEIPTS MUST BE ATTACHED!!)**

ATHLETE:

TRAVEL \$ _____

HOTEL *Was this room shared with another participating athlete?* YES or NO \$ _____

MEALS (Athletes ONLY – INCLUDE ITEMIZED RECEIPTS) \$ _____

TOTAL EXPENSES: \$ _____

COACH/CLUB/OFFICIAL:

TRAVEL \$ _____

HOTEL \$ _____

TOTAL EXPENSES: \$ _____

APPLICANT SIGNATURE: _____

(SIGNATURE ABOVE ONLY IF YOU WANT THE FUNDS TO GO TO YOUR CLUB/TEAM.)

ATHLETE ADDENDUM

ATHLETE NAME: _____

TRAVEL \$ _____

HOTEL *Was this room shared with another participating athlete?* YES or NO \$ _____

MEALS (Athletes ONLY) \$ _____

TOTAL EXPENSES: \$ _____

ATHLETE NAME: _____

TRAVEL \$ _____

HOTEL *Was this room shared with another participating athlete?* YES or NO \$ _____

MEALS (Athletes ONLY) \$ _____

TOTAL EXPENSES: \$ _____

ATHLETE NAME: _____

TRAVEL \$ _____

HOTEL *Was this room shared with another participating athlete?* YES or NO \$ _____

MEALS (Athletes ONLY) \$ _____

TOTAL EXPENSES: \$ _____

ATHLETE NAME: _____

TRAVEL \$ _____

HOTEL *Was this room shared with another participating athlete?* YES or NO \$ _____

MEALS (Athletes ONLY) \$ _____

TOTAL EXPENSES: \$ _____

ATHLETE NAME: _____

TRAVEL \$ _____

HOTEL *Was this room shared with another participating athlete?* YES or NO \$ _____

MEALS (Athletes ONLY) \$ _____

TOTAL EXPENSES: \$ _____