**Kentucky Swimming Inc.**

**Athlete Travel Fund Reimbursement Application**

Athletes shall be reimbursed one meet per long course and short course season and for the highest level meet competed having no bearing on reimbursement value for that meet.

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| **Club:** |  |  | **Date:** |  |

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| **Address:** |  | **City:** |  | **KY** | **Zip Code:** |  |

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| **Coach Attending Meet:** |  | **Email Address:** |  |

Meets eligible for reimbursement: Winter Juniors, Winter Nationals, U.S. Open, Futures, Summer Juniors, Summer Nationals, Olympic Trials

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| **Athlete Name** | **Meet Name** *(from list of eligible meets above)* | **Meet Date** | **List 1 KYLSC Meet attended**  (at least 1 per season of reimbursement request) |
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| This application must be submitted to [kyswim@kylsc.org](mailto:kyswim@kylsc.org)  **I certify to the best of my knowledge; the application herein is accurate.**  **Signature: Date:** | | | |