**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.

**Club:** _____ **Date:** _____

**Address:** _____ **City:** _____ **KY** **Zip Code:** _____

**Coach Attending Meet:** _____ **Email Address:** _____

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

| Athlete Name | Meet Name<br>*(from list of eligible meets above)* | Meet Date | List 1 KYLSC Meet attended<br>(at least 1 per season of reimbursement request) |
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This application must be submitted to kyswim@kylsc.org

**I certify to the best of my knowledge; the application herein is accurate.**

**Signature:** **Date:**