



Florida Gold Coast Swimming

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

2023 - NATIONAL TRAVEL REIMBURSEMENT - APPLICATION for INDIVIDUAL SWIMMER

Swimmer's Name: _____ Club Code: _____

Street : _____

City: _____ State: _____ 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 20th. Late or incomplete applications will not be considered.

Requesting funds for participation in:

- USA-S Summer Nat'l Champs – TBA
- USA-S Summer Jr. Champs – TBA
- USA-S Winter Open Champs – TBA
- USA-S Winter Jr. Champs – TBA
- Open Water National Champs – Ft. Meyers
- USA-S National Select Camp – TBA
- USA-S Pro Series – Name _____ Date of Meet: _____
- Nat'l Development – Name _____ Date of Meet: _____

<p><u>Individual Events Entered:</u> (Minimum one)</p> <p>_____</p> <p>_____</p>

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
951 U.S. Hwy. #1
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