2024 WESTERN REGION SUMMER SECTIONALS – MT. HOOD, OR – JULY 11 - 14, 2024

REIMBURSEMENT REQUEST

*** * * THIS FORM IS DUE NO LATER THAN AUGUST 16, 2024 * * ***

PLEASE PRINT NEATLY

Coach's Name:_____ **Phone:** _____

Email Address:_____ **Date of Request:** _____

Coach's Signature: _____

Full Team Name:_____ **LSC:** _____

Mailing Address for Reimbursement Check (this must be the address of the club as payments are only made to club):

Street or P.O. Box _____

City, State, Zip _____

USA SWIMMING CHAMPIONSHIP MEET FOR WHICH REIMBURSEMENT IS REQUESTED -- CHECK ONE:

Swimmer must attend both the 2024 Summer Section Meet and
2024 Olympic Trials -or- 2024 Summer Championships
(Please complete a separate form for Nationals and Juniors)

☐ **2024 Olympic Trials** ☐ **2024 Speedo Summer Championships**

Dates of USA Swimming Championship Meet:_____ **Location:** _____

Did Coach Attend Championship Meet? Yes No **Name of Attending Coach:** _____

Swimmer's Name (Last, First)	Age	Event(s) Competed At Sectionals	Event(s) Competed At Trials/Nationals (circle 1)

Please send completed form within 15 days of the end of the Championship Meet for which reimbursement is requested to:

Ryan Stratton, Treasurer
398 S. 9th St., Ste. 290
Boise, ID 83702
(208) 409-2293
Email: ryan@strattoncpa.com

DEADLINE: AUGUST 16, 2024