

CLUB SHARE TRAVEL REIMBURSEMENT REQUEST

Club _____

Name of Club Treasurer and Address

Mail the completed form to the
LSC Treasurer.
Pat Lewno
5330 Linden Circle
Racine, WI 53406

Meet

(Check one)

_____ Short Course Speedo Sectionals

_____ Long Course Speedo Sectionals

_____ Long Course National Championships

_____ Short Course National Championships

_____ Olympic Trials

_____ Long Course Junior Championships

_____ NCSA Spring Junior Meet

_____ Paralympic National Championships (Summer)

_____ Paralympic Open (Winter)

_____ Number of Athletes in individual events

_____ Number of Relay Only Athletes

Date

Signature of Club Representative _____

Title _____

Date _____

Email address to confirm receiving request _____

The number of shares will be calculated based on the results submitted for the individual athletes according to the following formula using the appropriate Level Share for each meet:

- 1-6 athletes = 1 share
- 7-12 athletes = 2 shares
- 13-18 athletes = 3 shares
- 19-24 athletes = 4 shares
- 25-30 athletes = 5 shares

This form must be completed and sent to the LSC Treasurer within 60 days of the first day of the meet. Calculation of the value of the reimbursement shares will be done at the end of the long course season. Reimbursement checks will be mailed to the club treasurer in October.