SECTIONAL or ZONE C TRAVEL REIMBURSEMENT REQUEST FOR SWIMMERS

Date of Meet _____

Location of Meet _____

Club _____

Signature of Coach _____

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

Name of Club Treasurer and Address

_____

_____

_____

Email address to confirm receiving request_____

Name of Swimmer	USA Swim Registration Number	Event

Note: Please attach a copy of the final results with each swimmer's name highlighted. Only one event per swimmer needs to be submitted. Reimbursement will be made to the swimmer's club at Level 1 (1 share) for Individual event swimmers and Level 1 (1/2 share) for Relay only swimmers. Reimbursement in the summer will be for either competition at the LC Speedo Sectional meet or the Age Group Zone C meet. This form must be filed 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.