

## REIMBURSEMENT REQUEST FORM FOR NATIONAL MEETS

This form should be used for athlete requests. Each athlete should complete a separate form.

Meet: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Club: \_\_\_\_\_

Individual event(s) in meet: \_\_\_\_\_

Date of first registration in New England Swimming: \_\_\_\_\_

New England Calendar Meet participation:

- Three (3) during short course season (September 1, 2008 – April 31, 2009), or
- Two (2) during long course season (May 1, 2009 – August 31, 2009), or
- Five (5) during full year (September 1, 2008 – August 31, 2009)

Meet: \_\_\_\_\_ Date: \_\_\_\_\_

Events: \_\_\_\_\_

Meet: \_\_\_\_\_ Date: \_\_\_\_\_

Events: \_\_\_\_\_

Meet: \_\_\_\_\_ Date: \_\_\_\_\_

Events: \_\_\_\_\_

Meet: \_\_\_\_\_ Date: \_\_\_\_\_

Events: \_\_\_\_\_

Meet: \_\_\_\_\_ Date: \_\_\_\_\_

Events: \_\_\_\_\_

**You must include copies of receipts equal to or exceeding the amount of reimbursement requested.**

This is an IRS requirement. *The reimbursement check will be made out to the athlete's name.*

Mail check to: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Team Contact

Parent (or Swimmer if over 18)

Please Print: \_\_\_\_\_

Team Contact

Parent (or Swimmer if over 18)

Date of request: \_\_\_\_\_ (requests must be made within 8 weeks)

Mail completed form with receipts to:

**New England Swimming, 20 Cleveland Road, Needham MA 02492**