



**Florida Swimming, Inc.**  
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**APPLICATION FOR SWIMMER SUPPORT – 2007 Senior/Junior Championship/US Open**

PLEASE TYPE OR PRINT (ALL QUESTIONS MUST BE ANSWERED)! TEAM NAME: \_\_\_\_\_

NAME: \_\_\_\_\_ CLUB CODE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

I competed in an individual event at: 2007Spring USA-S Championship, E. Meadows, NY-\$500.00; 2007 Summer National Championship, Indianapolis, IN-\$400.00; 2007 Speedo Jr. National Championship, Indianapolis, IN-\$200.00; 2007 USA-S SC Club Championship, Atlanta, GA-\$400.00. **PLEASE CIRCLE THE MEET ATTENDED! RECEIPTS MUST ACCOMPANY ALL REQUESTS FOR REIMBURSEMENT FUNDING.**

I understand I MUST have held continuous Florida Swimming Registration for 12 months to receive 25 % allowance; 24 months for 50% and 36 months for 100%. In addition, I understand I am only eligible for Support from two (2) meets per year and my request must be received in the Florida Swimming office prior to December 31, 2007. LATE APPLICATIONS WILL NOT BE CONSIDERED.

I competed in the following individual events:

| <u>EVENT SWUM</u> | <u>PLACE</u> |
|-------------------|--------------|
| _____             | _____        |
| _____             | _____        |
| _____             | _____        |

(If more space is needed, list on the reverse side of this sheet.)

| <u>REGISTRATION NUMBER</u> | <u>DATE OF REGISTRATION</u> |
|----------------------------|-----------------------------|
| 2007 _____                 | _____                       |
| 2006 _____                 | _____                       |
| 2005 _____                 | _____                       |
| 2004 _____                 | _____                       |

I incurred the following expenses at the above national competition: (**RECEIPTS MUST BE ATTACHED!!**)

TRAVEL .....\$ \_\_\_\_\_

ROOM .....\$ \_\_\_\_\_

MEALS .....\$ \_\_\_\_\_

TOTAL EXPENSES: .....\$ \_\_\_\_\_

Expenses reimbursed from any other source .... \$( \_\_\_\_\_ )

MAXIMUM ALLOWABLE REIMBURSEMENT BY FLORIDA SWIMMING. ....\$ \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SWIMMERS SIGNATURE

By signature of the parent, if the swimmer is under age 19, or by signature of the swimmer over the age of 18, this Support Reimbursement has been assigned to my club (name of club \_\_\_\_\_).

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR SWIMMER – **RELEASING FUNDS TO CLUB!**