

2025 ATHLETE NATIONAL TRAVEL SUPPORT:

Any information reported on the National Support Application to Florida Swimming with the intent to deceive will result in the athlete/club/coach/official to forfeit any national support requests for 2 years.

- Applications can be mailed (address on application) or scan to email (send to admin@floridaswimming.org).
- *Please note – per FL HOD, Futures has a 2 meet attendance limit for 19 & Over athletes for support that starts in the 2025 year.* There is no attendance limit for 18 & Under athletes for support.
- Applications must be received in the Florida Swimming office prior to **December 12th, 2025.**
Applications for Winter Nationals/Juniors will have a deadline of December 26th.
- Support is ONLY for Eligible Athletes/Coach/Club/Officials. Athletes must have qualified for an individual event to be eligible for support – relay ONLY swimmers are not eligible.
- Athlete Funding will be provided to a swimmer for only two (2) meets during the year.
Coach/Club/Official funding will also be provided for only two (2) meets during the year.
- Travel support includes airfare, car rental, taxi, ride-sharing, mileage, and event parking fees.
- Mileage is only considered if a personal vehicle is used for travel. A map print-out MUST accompany the application. Mileage will be based on the current IRS standard mileage rate. **Please DO NOT submit gas receipts unless you have rented a car.**
- All receipts must accompany applications - copies are acceptable. Dates and place of business must be legible.
- Athletes will only receive funding **UP TO** the amount offered when expenses/receipts are provided.
- Florida Swimming does not issue support for entry fees, relays, and time trials.
- Florida Swimming does not issue support for upgrades on airline travel.
- **COACHES** that are traveling on a team trip – complete the Athlete Addendum (page 3) to list athletes that you are requesting support.



2025 - NATIONAL TRAVEL SUPPORT APPLICATION

Mail to: Florida Swimming, Inc.

214 E. Washington St., Ste. B, Minneola, FL 34715

Email to: admin@floridaswimming.org

Applicant **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 12th, 2025.

ATHLETE/NON-ATHLETE NAME: _____ CLUB CODE: _____

CHECK MADE PAYABLE TO (IF DIFFERENT FROM ABOVE): _____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

REQUESTING FUNDS FOR PARTICIPATION IN (CHECK ONE) – MAX AMOUNT OF SUPPORT:

	ATHLETE/COACH/OFFICIALS
☐ Open Water National Championships - Sarasota (April 4-6) -----	\$445
☐ Open Water Jr. National Championships - Sarasota (April 4-6) -----	\$280
☐ National Championships – Indianapolis, IN (June 3-7) -----	\$1,000
☐ Futures Championships – Ocala (July 23-26) -----	\$270
☐ Speedo Jr. National Championships – Irvine, CA (July 30 – August 3) -----	\$1,295
☐ TYR Summer Championships – Irvine, CA (August 5-8) -----	\$1,050

I will/have received funding also from USA-S for my finish position in the meet I attended. _____

Yes or No

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

ATHLETE:

TRAVEL \$ _____

HOTEL *Was this room shared with another participating athlete?* YES or NO \$ _____

MEALS (Athletes ONLY – INCLUDE ITEMIZED RECEIPTS) \$ _____

TOTAL EXPENSES: \$ _____

COACH/CLUB/OFFICIAL:

TRAVEL \$ _____

HOTEL \$ _____

TOTAL EXPENSES: \$ _____

APPLICANT SIGNATURE: _____

(SIGNATURE ABOVE ONLY IF YOU WANT THE FUNDS TO GO TO YOUR CLUB/TEAM.)

ATHLETE ADDENDUM

ATHLETE NAME: _____

TRAVEL \$ _____

HOTEL *Was this room shared with another participating athlete?* YES or NO \$ _____

MEALS (Athletes ONLY) \$ _____

TOTAL EXPENSES: \$ _____

ATHLETE NAME: _____

TRAVEL \$ _____

HOTEL *Was this room shared with another participating athlete?* YES or NO \$ _____

MEALS (Athletes ONLY) \$ _____

TOTAL EXPENSES: \$ _____

ATHLETE NAME: _____

TRAVEL \$ _____

HOTEL *Was this room shared with another participating athlete?* YES or NO \$ _____

MEALS (Athletes ONLY) \$ _____

TOTAL EXPENSES: \$ _____

ATHLETE NAME: _____

TRAVEL \$ _____

HOTEL *Was this room shared with another participating athlete?* YES or NO \$ _____

MEALS (Athletes ONLY) \$ _____

TOTAL EXPENSES: \$ _____

ATHLETE NAME: _____

TRAVEL \$ _____

HOTEL *Was this room shared with another participating athlete?* YES or NO \$ _____

MEALS (Athletes ONLY) \$ _____

TOTAL EXPENSES: \$ _____