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.

DATE REC'D_____

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
[ ] Toyota U.S. Open – Austin, TX (December 3-6) ----------	$864
[ ] Speedo Winter Jr. Championships– Indianapolis, IN (December 10-13) ----------	$724

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.) ***9/2025***

DATE REC'D________

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: $______________________