



500 Creek View Road Suite 101 Newark, DE 19711 302-861-6760 office@maswim.org
www.maswim.org

Request for reimbursement for Middle Atlantic Meet Entry Fees - Outreach Athlete

Club requesting reimbursement: _____

Mailing address: _____

Signature of Club Officer: _____ Date: _____

Meet Name Location: _____ Meet Dates: _____

Entry fees for Outreach athletes must be paid to the meet’s host club in the same manner as entry fees are paid for any other athletes. Middle Atlantic will reimburse the Outreach athlete’s club for cost of the individual events completed by the Outreach athlete in a Middle Atlantic sanctioned meet. Only pre-meet individual entry fees are eligible for reimbursement. Relay and Deck entry fees will not be reimbursed

#	Athlete Name (Must be the same as used for MA registration)	Number of events
1		
2		
3		
4		
5		
	Total Number of Entries for Reimbursement:	

Instructions:

The completed form and a printout from SWIMS or the meet results showing each event for which reimbursement is requested must be mailed to the MA office at the above address or scanned and sent to office@maswim.org. Forms must be submitted within 30 days of completion of the meet.

Office Use Only

Reg status verified	_____	Reimbursement total	\$ _____	Notes
Results verified	_____	Request received on	____/____/____	_____
		Date Paid	____/____/____	_____