

MIDDLE ATLANTIC SWIMMING INC.

Travel Administrator 302/861-6760 (O)
 500 Creek View Rd. Suite 101
 Newark, DE 19711

REQUEST FOR TRAVEL ASSISTANCE

Open Water meets
 Revised 10/30/17

Page _____ of _____

Club Representative: Submission deadline is 15 days after completion of the last meet on the Open Water list. See current Travel Policy for complete information.

FOR EACH SWIMMER (Please separate information by athlete, i.e. all information for Susie Jones, followed by all info for Joe Brown, etc):

- ____(1) Print a list (from the SWIMS Database) of the 2 MA sanctioned meets in which each swimmer has participated during the past year. Number them.
- ____(2) Print from SWIMS a pre-meet Time Standard (must be at least a Summer Level 2).
- ____(3) Attach meet results or provide link to results showing participation in individual event at a meet from the list for Open Water support.
- ____(4) Complete the information at the bottom of the form and return to the MA office via scanned email to Travel@maswim.org or regular mail.
- ____(5) For each post-high school or college swimmer, include a completed Travel Support Declaration. (MA website – Forms – Travel)

INCOMPLETE REQUESTS WILL NOT BE PROCESSED.

Swimmer's Name	Meet Attended	Support Level (OW)	College Swimmer Yes No	Office Use Only				
				Reg	Part.	Level Met	Award Amount	Comments
		OW						
		OW						
		OW						
		OW						
		OW						

Club: _____ Contact Person: _____ Phone: (_____) _____ - _____ Date: ____/____/____

Address: _____ Email: _____

Note : The Travel Assistance Fund checks will be made out to the club and sent to the attention of the contact person at the above address.