

SPRING

MIDDLE ATLANTIC SWIMMING INC.

REQUEST FOR TRAVEL ASSISTANCE

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

Revised 10/27/15

Submission deadline is 15 days after the final day of the latest meet on the spring list. See current [Travel Policy](#) & [Travel Meets & Levels](#) for complete information.

FOR EACH SWIMMER (Please separate information by athlete, i.e. all information for Joe Brown, followed by all info for Susie Jones 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) On this form, designate the Level (1, 2 or 3) for which the swimmer is requesting travel assistance and indicate the meet the swimmer attended.
- ____(3) To document the Support Level, print a report from SWIMS indicating the pre-meet Time Standard or a Time Standard achieved at the meet for which support is requested.
- ____(4) Attach meet results or SWIMS printout showing participation in individual event at the meet(from the list for spring)for which support is requested
- ____(5) Complete the information at the bottom of the form and return to the MA office; the form may be scanned & emailed to Amy@maswim.org (preferred) or sent via fax or regular mail. Do not send the form more than once.
- ____(6) For each post-high school swimmer, include a completed [Travel Support Declaration](#).

INCOMPLETE REQUESTS WILL NOT BE PROCESSED.

Swimmer's Name	Meet Attended	Support Level (1, 2 or 3)	College Swimmer Yes No	Office Use Only				
				Reg	Part.	Level Met	Award Amount	Comments

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.