

MIDDLE ATLANTIC SWIMMING INC.

Travel Administrator 302/429-6288 (O)
 2150 New Castle Avenue 302/658-5666 (F)
 New Castle, DE 19720

REQUEST FOR TRAVEL ASSISTANCE

Spring meets
 Revised 11/11
 Page ____ of ____

Club Representative: Submission deadline is April 15. 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) Designate the Level for which your swimmer is requesting travel assistance.
- ____(3) Print from SWIMS a pre-meet QT for the Level of support requested.
- ____(4) Attach meet results or SWIMS printout showing participation in individual event at meet on the list for spring.
- ____(5) Complete the information at the bottom of the form and return to the MA office via fax or regular mail.

INCOMPLETE REQUESTS WILL NOT BE PROCESSED.

Swimmer's Name	Support Level (1 or 2)	College Swimmer Yes No	Office Use Only				
			Reg	2 meets	Pre-meet QT	Attended meet on list?	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.