

**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**

Winter meets  
 Revised 11/11

Page \_\_\_\_\_ of \_\_\_\_\_

Club Representative: Submission deadline is December 26. 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 Nationals or Juniors.
- \_\_\_\_(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	Assistance Level (1 or 2)	College Swimmer Yes No	Office Use Only				
			Reg	Part.	Pre-meet QT	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.