

MIDDLE ATLANTIC SWIMMING INC.

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

REQUEST FOR CLUB TRAVEL ASSISTANCE

Summer 2011 Meets

Club Representative: Submission deadline is August 27, 2011. See current Travel Policy for complete information. TO BE CONSIDERED: (1) Print a list (from the SWIMS Database or Meet homepage) of the meet results from the 2011 USA Swimming National Championships showing participation by one swimmer attached to your team. (2) Designate the coach attached to your team who attended the meet. Be sure to include the proper documentation that the coach did in fact attend the meet – airline boarding pass or hotel receipt in his/her name (deck pass is not considered proof). (3) List the level of the USA Swimming Club Recognition Program (CRP) your club achieved as of August 1, 2011. (4) Complete the information at the bottom of the form and return to the MA office via fax or regular mail.

Swimmer's Name	Coach's Name	Team CRP Level	Office Use Only			Award	Comments
			Swimmer Reg.	Coach Reg.	CRP Level		

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

Address: _____ Email: _____

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