

MIDDLE ATLANTIC SWIMMING INC.

Travel Administrator
2150 New Castle Avneue
New Castle, DE 19720

302/429-6288 (O)
302/658-5666 (F)

REQUEST FOR TRAVEL ASSISTANCE

Revised 08/2006

Club Representative: **Submission deadline for request is 15 days following the last day of the meet for which travel assistance is requested. See current Travel Policy for complete information. FOR EACH SWIMMER: 1) Print out a list (from the SWIMS Database) of six MA sanctioned meets that your swimmer has participated in during a two year period. Number the six meets on the print-out. 2) Designate the meet for which your swimmer is requesting travel assistance – (S) for Sectional or Spring NCSA Juniors; (J) for USA Juniors; (O) for US Open; (N) for National, (OT) for Olympic Trials. 3) Attach meet results or SWIMS printout showing participation in individual event at requested meet. 4) Provide proof of 2000 Junior time standard for Sectional or NCSA Jr meet – must achieve this standard BEFORE attending meet for which travel assistance if requested. Cuts are good for one year. 5) Complete the information at the bottom of the form and return to the MA office via fax or regular mail.**

Swimmer's Name	Meet for which Assistance is Requested S, J, O, N, OT	College Swimmer Yes No	Cut Information Sectionals or Spring NCSA Juniors <i>only</i>			Office Use Only			
			Name of Meet/Meet Host	Date of Meet	Event / cut time	Reg	Meets	College	Award Amount

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

Address: _____ Email: _____