



# Florida Gold Coast Swimming

951 US Hwy. #1  
North Palm Beach, FL 33408

561-691-3427 Ofc    561-626-5109 Fax    [NPBCoach4@aol.com](mailto:NPBCoach4@aol.com)

## 2009 – NATIONAL TRAVEL REIMBURSEMENT – APPLICATION for CLUB COACH

Club Name: \_\_\_\_\_

Club Coach Attending Meet: \_\_\_\_\_

Club's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I understand FGC Club must have held continuous FGC Swimming Registration for 12 months to received 50% allowance; 24 months for 75% allowance and 36 months for 100% allowance. I also understand the club is only eligible for support for one (1) coach at one (1) eligible meet per year. This request must be received with all related receipts or receipt copies on or before December 20<sup>th</sup>, 2008. Late or incomplete applications will not be considered.

### Requesting funds for participation in:

- USA-S National Champs – Indianapolis, IN
- USA-S National Champs – Fed. Way, WA
- USA-S Jr. National Champs - Fed. Way, WA
- USA-S Jr. National Champs – Columbus, OH
- USA-S Open – Fed. Way, WA

<b><u>Individuals Entered:</u></b> (Minimum one)
Name: _____
Name: _____

Expenses: (you **must attach receipts or copies of receipts** for which you want reimbursement)

Mode of Travel \_\_\_\_\_ Travel \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

\_\_\_\_\_ # of nights @ \$ \_\_\_\_\_

Motel \$ \_\_\_\_\_

Description of Other Exp.: \_\_\_\_\_

Other \$ \_\_\_\_\_

\_\_\_\_\_

**Total Amount of Reimbursement Requested:** \$ \_\_\_\_\_

(Check will be made payable to FGC Club only)

\_\_\_\_\_  
Signature of Club Coach or Other (title)

\_\_\_\_\_  
Date

**Return to:** Richard Cavanah, Treasurer  
951 U.S. Hwy. #1  
North Palm Beach, FL 33408