



# 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)

## 2012 – NATIONAL TRAVEL REIMBURSEMENT

### APPLICATION for OFFICIAL

Official's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

I understand the FGC Official 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 he/she is only eligible for support for one (1) meet per year. This request must be received with all related receipts or receipt copies on or before December 20<sup>th</sup>. Late or incomplete applications will not be considered.

#### Requesting funds for participation in:

- |   |   |
|---|---|
| <input type="checkbox"/> USA-S Olympic Trials – Omaha, Neb.           | <input type="checkbox"/> USA-S Jr. National Champs – Austin, TX   |
| <input type="checkbox"/> USA-S Open Championships – Indianapolis, IN  | <input type="checkbox"/> USA-S Paralympics Champs – TBA           |
| <input type="checkbox"/> USA-S Jr. National Champs – Indianapolis, IN | <input type="checkbox"/> USA-S Open Water Champs – Ft. Meyers, FL |

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:** \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of FGC Official

\_\_\_\_\_  
Date

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