



Florida Gold Coast Swimming

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

2026 - NATIONAL TRAVEL REIMBURSEMENT – APPLICATION for INDIVIDUAL SWIMMER

Swimmer's Name: _____ Club Code: _____

Club's Address: _____

City: _____ Zip: _____

I understand I must have held continuous FGC Swimming Registration (excluding collegiate participation) for 12 months to receive 50% allowance; 24 months for 75% allowance and 36 months for 100% allowance, before the meet. This request must be received with all related receipts on or before December 20th. Late or incomplete applications will not be considered.

Requesting funds for participation in:

☐ USA-S Nationals – Irvine

☐ USA-S Summer Jr/Sr Champs – Irvine

☐ USA-S Winter Open Champs – TBA

☐ USA-S Winter Jr. Champs – TBA

☐ Open Water National Champs – Sarasota

☐ US Paralympic Nationals – TBA

☐ USA-S National Select Camp – Colorado Springs

☐ Zone Select Camp – TBA

☐ USA-S Pro Series – Location _____ Date of Meet: _____

☐ Nat'l Development – Name _____ Date of Meet: _____

Individual Events Entered: (Minimum one)

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

Mode of Travel _____

Travel \$ _____

Meals \$ _____

_____ # of nights @ \$ _____

Hotel \$ _____

Total Expenses \$ _____

Reimbursement received from all other sources (USA Swimming, Phillips 66, business/civic organizations or another sponsor). This does not include immediate family support.

Source (describe) _____ \$ _____

Total Amount of Reimbursement Requested:

\$ _____

(Checks are payable to FGC Clubs only)

Signature of Club Coach or Other(title)

Date

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

FGCOffice@fgcswim.org