



# Florida Gold Coast Swimming

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

## 2026 – NATIONAL TRAVEL REIMBURSEMENT CLUB – APPLICATION

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 receive 50% allowance; 24 months for 75% allowance and 36 months for 100% allowance, prior to the meet. I also understand the club is only eligible for support for their coach(s) at two (2) eligible 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:

- USA-S Nationals – Irvine
- USA-S Summer Jr/Sr Champs – Irvine
- USA-S Winter Open Champs – TBA
- USA-S Winter Jr. Champs – TBA
- USA-S Open Water Champs - Sarasota
- USA-S Paralympic Nat'l Champs – TBA
- USA-S Pro Series – Location \_\_\_\_\_ Date of Meet \_\_\_\_\_

**Individuals Entered:** (Minimum one)

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

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

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

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

Travel \$ \_\_\_\_\_

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

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

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

Hotel \$ \_\_\_\_\_

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

[FGCOffice@fgcswim.org](mailto:FGCOffice@fgcswim.org)