



Florida Gold Coast Swimming

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

2026 – NATIONAL TRAVEL REIMBURSEMENT

APPLICATION for OFFICIALS

Official's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I understand the FGC Official 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 the meet. FGC Official must officiate in at least 50% of the Meets sessions. I also understand he/she is only eligible for support for two (2) meets per year. This request must be received with all related receipts or receipt copies on or before **December 20th**. Late or incomplete applications will not be considered.

Requesting funds for participation in:

- | | |
|--|--|
| <input type="checkbox"/> USA-S Nationals (World Trials) – Indianapolis | <input type="checkbox"/> USA-S Winter Open Champs – Austin, Tx |
| <input type="checkbox"/> USA-S Jr/Sr National Champs – Irvine | <input type="checkbox"/> USA-S Winter Jr. Champs – TBA |
| <input type="checkbox"/> USA-S Open Water Champs – Sarasota | |
| <input type="checkbox"/> USA-S Pro Series Meet – Location: _____ | Date: _____ |

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

Mode of Travel _____ Travel \$ _____

_____ # of nights @ \$ _____ Hotel \$ _____

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

OR

FGCOffice@fgcswim.org