This form must be received by the OSI Treasurer no more than 30 days after the final day of the last National meet for which travel fund assistance is payable. After the above date, no applications will be accepted.

See Section 4 of the OSI Policies and Procedures for eligibility rules and policies.

OHIO SWIMMING INC.
ATHLETE TRAVEL FUND APPLICATION
FOR FINANCIAL ASSISTANCE

Name of Club_____ Date _____

Address_____ Zip _____

Coach_____ Coach's Telephone _____

Date of Meet:_____ Location of Meet:_____

☐Sectionals ☐Nationals ☐Short Course ☐Long Course
☐USA Swimming National Disabled Championships

Date of Meet_____

SWIMMER'S NAME	USAS NUMBER	EVENT SWUM* List only one event	HE/SHE QUALIFIED at what meet

This application must be returned to:

Chris Wolford, Treasurer
OHIO SWIMMING INC.
5020B College Corner Pike
Oxford, Ohio 45056

ToC #19
7/20/10