

OFFICIALS TRAVEL REIMBURSEMENT APPLICATION

NOTE: This application must be received 30 days prior to the start of the meet for which you are applying.

NAME _____ LSC COMMISSION _____

ADDRESS _____

TELEPHONE _____

MEET ATTENDING:

Sec-SC

NAT-SC

Sec-LC

NAT-LC

DATE _____

LOCATION _____

Number of years as a USA Swimming official _____

LSC certified position _____

I AGREE TO WORK ALL SESSIONS AND SUBMIT THE REIMBURSEMENT FORM WITHIN TWO WEEKS AFTER THE CONCLUSION OF THE MEET.

SIGNATURE _____

DATE _____

Send your reimbursement application to:
Mike Bocksteigel
6245 Lakota Drive
Cincinnati, Ohio 45243-2950