



# REIMBURSEMENT APPLICATION

US Citizen Only



2009 World Championship Team Trials  
July 7 – 11, 2009  
Indianapolis, IN

Coach's Name: \_\_\_\_\_  
First Last

Club Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip Email Address

Swimmer's Name: \_\_\_\_\_  
First Last Male/Female? U.S. Citizen?

Best rank from FINA world top 100: Event: \_\_\_\_\_ Rank: \_\_\_\_\_

Airfare: \$ \_\_\_\_\_ Airport: \_\_\_\_\_ to/from this meet.

Airline: \_\_\_\_\_ Date ticket purchased: \_\_\_\_\_

If by car give one way mileage: \_\_\_\_\_  
Miles City

Verified by: \_\_\_\_\_  
Reimbursement Representative

**Use back of form for additional swimmers**  
Reimbursement will be made only in response to a verified application.

You have the following two options:

1. Submit this application to the Reimbursement Representative at the meet who will verify travel expenses and eligibility and then mail it to Suzanne Heath.

or

2. Mail this application together with the last page of the ticket or copies thereof directly to Suzanne Heath.

NOTE: If the one way travel was within the allotted mileage, \$.50½ per mile will be applied.

Return this Reimbursement Application to: Suzanne Heath  
506 Potomac Drive  
Chocowinity, NC 27817-8810  
Phone & FAX: 252-974-0732  
Cell: 252-947-1238  
suzanneheath@suddenlink.net

Deadline: This application must be postmarked by July 31, 2009.

**NO REIMBURSEMENT WILL BE MADE ON APPLICATIONS POSTMARKED AFTER THIS DATE.**

