

# Louisiana Swimming, Inc.

## Coach Travel Reimbursement Request 2016 – 2017

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
(street)

\_\_\_\_\_ (city) (state) (zip code)

Phone \_\_\_\_\_ Date of Application \_\_\_\_\_  
(must be mailed later no later than 2 weeks after meet conclusion)

L.S.I. Team Represented \_\_\_\_\_ U.S.S. # \_\_\_\_\_

Which meet?: \_\_\_\_\_ Senior Circuit \_\_\_\_\_ Sectionals \_\_\_\_\_ U.S. Open

\_\_\_\_\_ Other \_\_\_\_\_ Senior Nationals \_\_\_\_\_ Junior Nationals \_\_\_\_\_ Olympic Trials

Date of Meet \_\_\_\_\_ Location of Meet \_\_\_\_\_

**Please provide the information requested below and attach documentation for airfare  
And hotel cost.**

Name of Airline used to travel to the meet: \_\_\_\_\_

Cost of Airline Ticket: \_\_\_\_\_

Name of motel/hotel: \_\_\_\_\_ Cost of motel/hotel stay: \_\_\_\_\_

Check-in date: \_\_\_\_\_ Check-out date: \_\_\_\_\_

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I certify that the above information is both accurate and correct. I have attached required travel  
Information.

Coach's Name: \_\_\_\_\_ Coach's signature: \_\_\_\_\_  
(PRINT)

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Mail completed request to:  
(must be mailed no later than two  
weeks after meet concludes)

Louisiana Swimming, Inc  
Warren Lind, Treasurer  
720 Green Acres Road  
Metairie, LA 70003-2437