

Louisiana Swimming, Inc.

Coach Travel Reimbursement Request 2017 – 2018

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: _____

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

Coach's Name: _____ Coach's signature: _____
(PRINT)

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