

**COLORADO ZONE 4 SWIMMING**

**TRAVEL REIMBURSEMENT REQUEST FORM**

**Zones / Sectionals / Far Westerns / Junior and Senior Nationals**

Date \_\_\_\_\_ USS# \_\_\_\_\_

Name of Swimmer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Club \_\_\_\_\_

Meet and Dates \_\_\_\_\_

Location \_\_\_\_\_

Events Completed In

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Coach's Signature \_\_\_\_\_

**REIMBURSEMENT AMOUNTS**

**Zones, Sectionals, Far Westerns, Junior and Senior Nationals**

**\$50.00 per event competed in (maximum allowed \$250)**

**MAIL COMPLETED FORM TO:**

**Colorado Zone 4 Swimming**  
**Suzi King, Treasurer**  
19163 6565 Road  
Montrose, CO 81403  
suziswim@gmail.com