



PACIFIC SWIMMING



Z1S CHECK REQUEST FOR REIMBURSEMENT

DATE:

REASON (See instructions below) **AMOUNT**

| | | |
|--------------------------|--|--|
| CO-PAY ASSISTANCE | Swimmer's Name(First,Last): | |
| | Pacific Coast | |
| | Western Zones | |
| | NACC | |
| COACH'S STIPEND | | |
| | Zone All Stars (Must include a W-9 form. See "Documents" at website for the form.) | |
| OFFICIALS | | |
| | Background Check (must be certified: level 1, 2, or 3, not trainee) | |
| | Clinics | |
| | Officials Chair Meet Supplies | |
| | Officials Chair Motivational | |
| Z1S CHAMPS | | |
| | USA Registration (Meet Ref., Head Starter, Admin. Official, Meet Director Only) | |
| | Meet Expenses | |
| OFFICE | | |
| | Supplies | |
| EQUIPMENT | | |
| | Purchase/Repair/Maintenance | |
| OTHER | | |
| | Reason | |

INSTRUCTIONS:

CO-PAY: Swimmer's name required. Check made out to parent(s).

COACHES STIPEND: \$100 for the Zone All Star meet only.

Champs USA Registration: Only if not paid by club or Pacific and does not have lifetime registration.

Remarks/Comments

(Only if address change or no previous reimbursement request)

Check Payable to:

Address:

City:

Zip:

Email:

Email form and receipts to:
mpiccardo@pacswim.org

or mail to:

Z1S Treasurer
Attn: Mike Piccardo
1382 Spoonbill Way
Sunnyvale, CA 94087