



Pacific Swimming Athlete Travel Support Request Form - CA/NV Winter Sectionals

				Team Address (for payment):			<i>Due: 2/22/25</i>		
Coach:				Phone/email:			Travel Policy on file: Y / N		
Meet: CA/NV Winter Sectionals (Walnut, CA) - December 19-22, 2024							Admin Only		
Swimmer Name		DOB	List One Event Name and Time	Travel Support*	Code of Conduct	Swim for College	Athlete	Reg	Swimmer
First	Last						Start Date	Standing	Notes/Debts
				\$200	Y / N	Y / N			
				\$200	Y / N	Y / N			
				\$200	Y / N	Y / N			
				\$200	Y / N	Y / N			
				\$200	Y / N	Y / N			
				\$200	Y / N	Y / N			
				\$200	Y / N	Y / N			
				\$200	Y / N	Y / N			
				\$200	Y / N	Y / N			
				\$100	Y / N	Y / N			
				\$100	Y / N	Y / N			
				\$100	Y / N	Y / N			
				\$100	Y / N	Y / N			
				\$100	Y / N	Y / N			
				\$100	Y / N	Y / N			
				\$100	Y / N	Y / N			
				\$100	Y / N	Y / N			
				\$100	Y / N	Y / N			
				\$					

Pacific Swimming Coach Travel Support Request

Coach Name					Admin only	
First	Last	Three Pacific Meets Attended (in previous 24 months)			Reg	Coach Notes
Travel support for Coaches shall be limited to TWO meets per team from September 1, 2024 to August 31, 2025						
I certify that the athletes listed above did attend the meet and swim in an individual event. The athlete(s) did sign the club's travel and code of conduct policies and did abide by the rules of the policies during the trip for which the travel award is being requested.						

Coach signature: _____ Date: _____

Send to Laurie Benton at laurie@pacswim.org OR mail to 1374 Lupine Ct. , Concord CA 94521

Date Approved: _____ Code: 52095 _____ of Athletes @ \$200 + _____ of Athletes @ \$100 = \$ _____ TOTAL Initials: _____

Date Approved: _____ Code: 52060 _____ Coach @ \$200 = \$ _____ Initials: _____