Louisiana Swimming, Inc.

Swimmer Travel Reimbursement Request 2024 – 2025

Texas Sectionals Only

Swimmer's Name_					√ ge	
Address_						
	(street)					
-	(city)		(state)	(zip code)		
Phone_		Date o	of Application_			
L.S.I. Team Repres	ented Crawf i	sh Aquatics		er no later than 2 weeks a		
Which meet:	<u> </u>	s Sectionals				
Date of Meet	July 12-15, 2025		_Location of N	/leetAustin, 1	гх	
50 Free 100 Free 200 Free 400 Free 500 Free		1000 Free 1500 Free 1650 Free 50 Back 100 Back		50 Breast 100 Breast 200 Breast 200 Free Relay 400 Free Relay		
800 Free 200 Medle		200 Back 200 Back 400 Medley		800 Free Relay		
************** I certify that the ak Information on the	oove information	n is both accura	te and correct a		**************************************	
Swimmer's signatu	ıre:			_	\wedge	
Coach's Name: Jayme Cramer (PRINT)		Coach's signature:				
******	******	******	*******	********	*******	
Mail completed request to: (Must be mailed no later than two weeks after meet concludes)		Louisiana Swi Warren Lind, 720 Green Ac	Treasurer	supporting d	The completed form and supporting documentation may be scanned and sent via	

Metairie, LA 70003-2437

e-mail to: Instrlind@gmail.com

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Travel Information (necessary due to I.R.S. regulations)

How did you travel to the meet?
By air or train (provide proof of travel, i.e. ticket receipt, boarding pass
By car (submit a mileage log – download from L.S.I. website)
Hotel Stay
Name of motel/hotel
Check-in date
Check-out date
Provide a conv of the motel/hotel hill