

COLORADO ZONE 4 SWIMMING
TRAVEL REIMBURSEMENT REQUEST FORM

Zones / Sectionals / Far Westerns

Date _____ USS# _____

Name of Swimmer _____

Address _____

Phone Number _____ Club _____

Meet and Dates _____

Location _____

Events Qualified

_____	_____
_____	_____
_____	_____
_____	_____

Coach's Signature _____

Please note the following and mark the appropriate box:

Western Zones = \$50.00 per qualifying event (maximum allowed \$250)

Sectionals = \$50.00 per event (maximum allowed \$250.00)

Far Westerns \$50 per qualifying event (maximum allowed \$250)

Mail completed form to:

Colorado Zone 4 Swimming
Suzi King , Treasurer
19163 6565 Road
Montrose, CO 81403
suzizking@msn.com