

**MIDDLE ATLANTIC SWIMMING INC.**  
 Travel Administrator 302-861-6760 (O)  
 500 Creek View Rd. Suite 101  
 Newark, DE 19711

**REQUEST FOR TRAVEL ASSISTANCE**

Disability meets  
 Revised 10/31/17

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Club Representative: **Submission deadline is 15 days after completion of the disability meet.** See current Travel Policy for complete information.

**FOR EACH SWIMMER (Please separate information by athlete, i.e. all information for Susie Jones, followed by all info for Joe Brown, etc):**

- \_\_\_\_(1) Print a list (from the SWIMS Database) of the 2 MA sanctioned meets in which each swimmer has participated during the past year. Number them.
- \_\_\_\_(2) Attach meet results or SWIMS printout showing participation in individual event at the meet for which support is requested
- \_\_\_\_(3) Complete the information at the bottom of the form and return to the MA office via scanned email to Travel@maswim.org or regular mail.

**INCOMPLETE REQUESTS WILL NOT BE PROCESSED.**

Swimmer's Name	Meet Attended	Support Level [Disability]	College Swimmer Yes No	Office Use Only			
				Reg	Part.	Award Amount	Comments
		D					
		D					
		D					
		D					
		D					

Club: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Note : The Travel Assistance Fund checks will be made out to the club and sent to the attention of the contact person at the above address.