



MIDDLE ATLANTIC SWIMMING INC.

2150 New Castle Avenue
New Castle, DE 19720

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302/658-5666 (fax)
E-mail: office@maswim.org
Web: www.maswim.org

REQUEST FOR WAIVER TRAVEL ASSISTANCE

SWIMMER'S
NAME: _____ CLUB _____

MEET FOR WHICH REIMBURSEMENT IS REQUESTED: _____

DATE OF REQUEST: _____

SUBMITTED BY: _____

RELATIONSHIP TO SWIMMER _____

PHONE: (____) _____ EMAIL _____

SPECIFIC TRAVEL POLICY SECTION FOR WHICH WAIVER IS REQUESTED: (See
Chapter 9, Middle Atlantic Policy Manual) _____

REASON FOR REQUEST: _____

MAIL TO
Middle Atlantic Swimming, Inc.
Attn: Senior Chair
2150 New Castle Avenue
New Castle, DE 19720