



Lisa Jorgenson, Treasurer
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**South Dakota Swimming, Inc.
Athlete Travel Reimbursement Form**

Athlete Name: _____ Team: _____

Meet Attended/Location: _____ Date(s): _____

Events: _____

Amount Requested:

___ Olympic Trials	\$500.00
___ US National Championships	\$400.00
___ US Winter National Championships	\$400.00
___ Pro Swim Series	\$400.00
___ US Junior National Championships	\$400.00
___ US Winter Jr. Championships	\$400.00
___ Speedo Futures Championships	\$300.00
___ Speedo Sectionals	\$150.00
___ Relay Only Swimmer (1/2 of eligible amount)	\$ _____

(If total requests exceed the budgeted amount for the season, reimbursements will be prorated.)

The LSC will recognize and reimburse equivalent regional, national and world events for Paralympic Athletes as defined by the US Paralympic Committee.

For verification purposes, attach the page(s) from the final meet results (or the SWIMS database) showing the name of the athlete in the event(s) in which he/she competed.

By signing this form below, I certify the following:

- 1) The athlete is a member in good standing of a SD Swimming chartered swim club or registered as an unattached swimmer. AND
- 2) The athlete swam in at least two (2) SD sanctioned meets in the season they are requesting reimbursement or for an athlete who has competed in SD swim meets and was a registered athlete of SDSI for a period of 5 years swam in one (1) SD sanctioned meet in the season they are requesting reimbursement.

Signed: _____ Date: _____

Parent's Name and Address (where the check should be mailed)

This completed form and supporting meet results are due to the SDSI Treasurer by April 1st for the Winter SC Season and the August 15th for the Summer LC Season.

EXHIBIT #13 (4/6/2025)