



PACIFIC SWIMMING

# Application for Pacific Swimming Travel Assistance - 2010 Meets

\* Please refer to Pacific Swimming Rules & Regulations - Section 9.C. for Eligibility \*  
\* Complete a separate application for each swimmer each meet\*

Print Swimmer's Name:

Swimmer's Address:

City:  State:  Zip:

Did you swim for a college team in 2009 and/or 2010? YES or NO:  USA Swimming Registration Number:

If YES, Indicate LSC & CLUB registration during senior year in high school. LSC:  CLUB:  Current PC Club or Unattached PC:

| Qualifying Meet                              | Date / Submit by:                               | Check Meet:              | List one Individual Event Swum:        |
|----------------------------------------------|-------------------------------------------------|--------------------------|----------------------------------------|
| ConocoPhillips National Champs<br>Irvine, CA | Aug 3 - Aug 7, 2010<br><b>November 30, 2010</b> | <input type="checkbox"/> | Event # <input type="text"/>           |
| Speedo Junior Championships<br>Irvine, CA    | August 9-13, 2010<br><b>November 30, 2010</b>   | <input type="checkbox"/> | Stroke/Distance <input type="text"/>   |
| S/C National Championships<br>Columbus, OH   | December 2-4, 2010<br><b>March 31, 2011</b>     | <input type="checkbox"/> | Time Swam <input type="text"/>         |
| S/C Junior Championships Atlanta,<br>GA      | December 9-11, 2010<br><b>March 31, 2011</b>    | <input type="checkbox"/> | Prelims or Finals <input type="text"/> |
| Other Meet: Please list:                     | Date of Meet:                                   | <input type="checkbox"/> | Heat # <input type="text"/>            |

I apply for the Pacific Swimming Travel Assistance, certify that the above information is accurate and request that payment be made:

To the swimmer at the above address. Swimmer's Email:

To the swimmer's parent, if under 18. Did you travel out of the Reno or Sacramento airport? YES or NO:

Parent's Name:  Parent's Email:

Parent's Address:

City:  State:  Zip:

To the Club for distribution to the swimmer.

Club Name:  Contact's Email:

Club Address:

City:  State:  Zip:

Swimmer or Parent's Signature or  Club Representative's Signature & Position

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**SEND Pacific Swimming Registration FORM 1034 Woodstock Court TO: Walnut Creek, CA 94598 - 4538**

**Or FAX: (925) 935-5528**

**Questions: Telephone: (925) 933-0395**

*For Office Use Only*

Registration - OK - Date:

(0 - 33 1/3% - 66 2/3% - 100%) (100%-80%-60%-50%-30%-10%-0)

Allowance: \$  Paid: \$

Date:  Check #

Acct #: 55015 - 55025 - 55035 - 55040 - 55050