



**Swimmer Travel Assistance Application**

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

Swimmer's Name: \_\_\_\_\_ Club: \_\_\_\_\_

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

Meet Type: Eastern Championships \_\_\_ Canada Cup \_\_\_ Spring Nationals \_\_\_

Summer Nationals \_\_\_ Age Group Nationals \_\_\_ ECSC \_\_\_ ECLC \_\_\_

Other SNC Designated Meet: \_\_\_\_\_

Coach's Signature: \_\_\_\_\_

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Or Club may submit group application

Club: \_\_\_\_\_

Swimmers' Names: \_\_\_\_\_

Coach's Signature: \_\_\_\_\_

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**For Swim PEI Office Use Only**

Date Received: \_\_\_\_\_ Swim PEI Fees Paid: Yes \_\_\_ No \_\_\_

Approved: Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_

*Amount is determined by Swimmer Assistance Policy and availability of funds*

Approved by: Name \_\_\_\_\_ Position \_\_\_\_\_