



## Outreach Meet Entry Reimbursement Request

Return to:  
1429 N Webster Ave  
Hastings NE 68901  
402-462-5941  
Email: [mwoffice@mws swim.org](mailto:mwoffice@mws swim.org)

**INFORMATION:**

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

Requesting Club: \_\_\_\_\_ Make Check Payable to: \_\_\_\_\_

Send Reimbursement To This Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Requesting Individual's Signature \_\_\_\_\_

Email of requesting individual \_\_\_\_\_

*(I attest to the accuracy and truthfulness of this request)*

<b>ATHLETE NAME</b> <i>PLEASE PRINT</i>	<b># OF EVENTS ENTERED</b>	<b>OUTREACH VERIFIED</b> <i>(OFFICE USE ONLY)</i>	<b># EVENTS SWAM</b> <i>(OFFICE USE ONLY)</i>

Individual entry fees, LSC Splash fee and Facility Fee will be reimbursed by Midwestern Swimming to the requesting club at 75% of original fees for swum events only (**No shows will not be reimbursed**). **Relay fees are not eligible for Outreach reimbursement.**

**Mail or email request to the MW Office**, 1429 N Webster Ave, Hastings, NE 68901 [mwoffice@mws swim.org](mailto:mwoffice@mws swim.org)

**Form must be submitted within *twenty-one (21) days of meet completion*.** Requests made after the deadline will not be processed and payment for such will be disallowed.

**APPROVAL OF REQUEST: (OFFICE USE ONLY)**

Meet Entry Fees (Swum events): \_\_\_\_\_ x \_\_\_\_\_ Amount Entry Fees to be Reimbursed: \_\_\_\_\_

Splash Fee \_\_\_\_\_ swimmers @ \$6.50/\$3.25 \_\_\_\_\_ Amount Splash Fees to be Reimbursed: \_\_\_\_\_

Facility Fee \_\_\_\_\_ swimmers @ \_\_\_\_\_ Amount Facility Fees to be Reimbursed: \_\_\_\_\_

**Total Amount to be Paid Entering Club** \_\_\_\_\_

**Office Use Only:**  
\_\_\_\_\_ 526.1 – Outreach Meet Support