

METROPOLITAN SWIMMING REIMBURSEMENT

OFFICIALS BACKGROUND CHECK

All forms must be filled out completely (PRINT clearly)

Official's Name _____ Team _____

Address where reimbursement should be sent:

_____ ZIP _____

Phone (____) _____ email _____

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I am attaching:

_____ Receipt of background payment submitted - amount \$ _____

Please submit this form with your receipts to your area chair

Area Chairs and Email Addresses:

Hudson Valley North: Ken Graham - ksg@alumni.caltech.edu

Hudson Valley South: Steven Kessler – stevenkessler@msn.com

New York City: Amanda Lister – amanda@listernyc.com

Nassau County: Rich Brown – richbrown4@verizon.net

Suffolk County: Jacky Spierer – musi0939@aol.com

Signature of official requesting reimbursement _____ Date _____

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_____ This official has worked the required number of sessions for reimbursement

_____ This official has all required paperwork

_____ "green" clearance on background has been verified

If denied – reason: _____

Area Chair Signature: _____ Date _____

All paperwork must be submitted within **30 days of clearance.**