



**USMS Coaches Certification/Clinic Reimbursement Request Form**  
**Delaware Valley Local Masters Swim Committee (LMSC)**

Name: \_\_\_\_\_

USMS #: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

USMS Coaching Certification Course:

Course Name: \_\_\_\_\_

Course Location: \_\_\_\_\_

Course Date: \_\_\_\_\_ Cost of Course: \_\_\_\_\_

Did you successfully pass the course? Yes \_\_\_ No \_\_\_

Are you currently a USMS registered coach? Yes \_\_\_ No \_\_\_

Name of Club/Workout Group coached: \_\_\_\_\_

Location of practices: \_\_\_\_\_

Number of Year's coaching: \_\_\_\_\_

*Email completed form and documentation of successful Course completion to  
 DVLMSC Treasurer Steve Dougherty at [SDougherty28@comcast.net](mailto:SDougherty28@comcast.net).*

*Note: Reimbursement of USMS coach certification course fees is available to USMS  
 Registered individuals coaching a USMS group within one year of successfully passing  
 the course pending availability of funds.*