



Delaware Valley LMSC

USMS Coaches Certification/Clinic Reimbursement Request Form

Applicant Information

Applicant Name: _____ USMS #: 08 _____

Street: _____ City: _____ State: _____ Zip: _____

Are you currently a USMS registered coach? Yes No

Are you currently coaching a USMS team? Yes No

Club/Workout Group you are currently or plan on coaching for: _____

Location of practices (Pool name and city): _____

Number of Year's coaching for USMS: _____

USMS Coaching Certification Course Information

Course Name: _____

Course Location: _____

Course Date: _____ Cost of Course: _____

Did you successfully pass the course? Yes No

Reimbursement Instructions:

Email this completed form, proof of payment and documentation of successful course completion (certificate or other) to DV LMSC Treasurer Joe Boris at jjboris9@gmail.com

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