



Athlete Race Assistance Form

Athlete's Name _____

Race Name _____ Distance _____

Location _____

Reason for selecting this race: _____

Travel By Car – Distance (km) _____ By Air – Cost \$ _____

Hotel Expenses Hotel Nights _____ Cost per night \$ _____

Other comments or relevant information: _____

Coach's Signature _____ Date _____

Athlete's Signature _____ Date _____

Note: Toronto Olympic Club requires that relevant receipts be submitted within 30 days of race.

For office use only:

Approved Amount _____ Date _____ Authorization _____