

## BID FORM

**FOR USA Gymnastics-COMPETITIONS FOR WOMEN**  
(Sectional, State, Regional)



Name of Competition \_\_\_\_\_ Level(s) \_\_\_\_\_

Name of Host Organization \_\_\_\_\_

Name of Meet Director \_\_\_\_\_ USAG Pro # \_\_\_\_\_ Safety Cert. Exp. \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Events: Compulsories \_\_\_\_\_ Optionals \_\_\_\_\_ Finals \_\_\_\_\_

Number of meets you hosted in the last 2 years: Local \_\_\_\_\_ Sect \_\_\_\_\_ State \_\_\_\_\_ Reg \_\_\_\_\_ Nat \_\_\_\_\_

What was the number in attendance at your largest meet? \_\_\_\_\_

Number of meets you attended in the past 2 years? State \_\_\_\_\_ Regional \_\_\_\_\_ Nat'l \_\_\_\_\_

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

Size of Competition area \_\_\_\_\_ Spectator Capacity \_\_\_\_\_

Separate Warm-up area Yes \_\_\_ No \_\_\_ Size \_\_\_\_\_

Distance from Competitive Gym \_\_\_\_\_

Facility Rental Fee \_\_\_\_\_ Air-Conditioned Y \_\_\_ N \_\_\_

Dressing Room for Gymnasts \_\_\_ No. of Restrooms Women \_\_\_\_\_ Men \_\_\_\_\_

Length of Vaulting Area (including runway, horse, mat area) \_\_\_\_\_

Clearance Distances: End of Vault mat to Wall \_\_\_\_\_ On Both Sides (Front &amp; Back) of Bars \_\_\_\_\_

Ends of Beams \_\_\_\_\_ Around FX mat \_\_\_\_\_

Describe Parking Facilities \_\_\_\_\_

Separate Meeting Room for Judges Yes \_\_\_ No \_\_\_

VCR and monitor available for judges' meeting Yes \_\_\_ No \_\_\_

Number &amp; Type of Equipment to be used:

Vault: \_\_\_\_\_ Bars \_\_\_\_\_ Beam \_\_\_\_\_ FX \_\_\_\_\_

Boards \_\_\_\_\_ Bars Spread \_\_\_\_\_ Type of Rails \_\_\_\_\_

Awards: Type of Awards \_\_\_\_\_ Estimated Cost \_\_\_\_\_

Spectator Admission Prices: Adults \_\_\_\_\_ Children \_\_\_\_\_

What type of Emergency Medical Personnel and Supplies will be available at the meet site?  
\_\_\_\_\_

Nearest Airport(s) \_\_\_\_\_ Distance from Site \_\_\_\_\_

Hotel Accomodations \_\_\_\_\_ Cost \_\_\_\_\_

Dist. from Meet site \_\_\_\_\_

Social Events: Tours \_\_\_\_\_ Banquet \_\_\_\_\_ Other \_\_\_\_\_ Cost \_\_\_\_\_

Format to be Used:  Traditional  Non-Traditional

I certify that the above information is accurate. I am Meet Director certified and agree to follow the guidelines as listed in the *USAG Women's Rules and Policies* in the conduct of this meet.

Date \_\_\_\_\_ Signature of Meet Director \_\_\_\_\_

(Must be Meet Director Certified to obtain a sanction.)

Send Bid Form (Attach copy of Meet Director certificate) to:

State Chairman - for Sectional and State Meets

Regional Chairman - for Regional Meets