



USA GYMNASTICS WASHINGTON BID FORM

Sectionals and State Championship Meets

Must be to the USA Gymnastics Washington office by August 1st, 2016
c/o ECGA: 17735 NE 65th Street, Suite 110, Redmond, WA 98052

An assigning fee of \$3 per judge per day (payable to NAWGJ-WA) is due along with this bid

Name of Competition: _____ Level of Competition: _____

Name of Host Organization: _____

Address: _____

Phone Number: _____ Email: _____

Name of Meet Director: _____ Cell #: _____

USAG Pro #: _____ Safety Exp: _____ Bkgd Exp: _____

Number of meets you have hosted in the last 2 years:

Local _____ Sectional _____ State _____ Regional _____ National _____

What was the number in attendance at your largest meet? _____

Number of meets you have attended in the past 2 years? State ____ Regional ____ National ____

Facility Name: _____

a letter from the site showing availability of use of the facility for these dates must accompany this bid form

Address: _____

Size of Competition Area: _____ (min. 100' X 90' required) Spectator Capacity: _____

Separate Warm Up Area? Yes No Distance from Competitive Gym: _____

Facility Rental Fee: _____ Air-Conditioned: Yes No

Dressing Room for Gymnasts Yes No Number of restrooms: Women _____ Men _____

Length of Vaulting Area (including runway, table, mat area) _____

Clearance Distances: End of Vault mat to wall _____ on both sides

(front & back) of Bars _____ Ends of Beams _____ Around Floor Exercise Mat _____

Adequate parking? Yes No Describe: _____

Separate Meeting Room for Judges? Yes No **DVD and Monitor must be available**

Format to be used: Traditional Non Traditional Number & Type of Equipment to be used:

Vault: _____ Bars: _____ Beam: _____ Floor: _____ Boards: _____

Bars Spread _____ Type of Rails _____

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 Accommodations: _____ Distance from site: _____ Cost: _____

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 the meet.

Signature of Meet Director: _____ Date: _____

Signature of Club Owner: _____ Date: _____