

Illinois USA Gymnastics

State Series Meet Bid Form

Meet Date(s) _____ 2003



Name of Competition: _____ Level _____

Name of Host Organization: _____

Meet Director _____ USAG # _____

Meet Director MUST be certified to obtain a sanction

Address _____

Phone (Gym) _____ (Home) _____

Number of meets you hosted in the last 2 years: Local _____ Sectional _____ State _____ Regional _____

Number of meets you attended in the past 2 years: State _____ Regional _____ National _____

Facility Name _____

Address _____

Size of Competition Area _____ Spectator Capacity _____ Type _____

Separate Warm-up Area YES _____ NO _____ Size _____ Distance from Competitive Gym _____

Facility Rental Fee _____ Equipment Rental Fee _____ Custodial Fee _____ Air-conditioned _____

(\$15 Maximum in house)

(out of house only)

Dressing Room for Gymnasts Yes _____ No _____ number of Restroom Women _____ Men _____

Describe Parking Facilities _____

Separate Meeting Room for Judges Yes _____ No _____ VCR & Monitor Available Yes _____ No _____

Type of Meet Format You Plan to USE: _____ **Traditional** _____ **Capital Cup (Warm-up Compete , Warm-up Compete)**

Reminder all Equipment must be identical including length of vault runway

Number & Type of Equipment to be used: **(The Illinois USAG Committee STRONGLY recommends that equipment specifications equal that of the JO Level 10 requirements)**

Vault _____ Bars _____ Bar Spread _____ Type Rail _____

Beam _____ Floor _____ Boards _____

Length of Vaulting Area(including runway, horse, mat area) _____ Clearance Distance: End of Vault Mat to wall _____

On both sides (front & back)of Bars _____ Ends of Beams _____ Around Floor _____

Admission: Adults _____ Children _____ **State Requirements: In House \$3 Adults \$2 children Out of House \$4 Adults 2 Children** All Gymnasts with USAG CARDS FREE

Please Describe T-Shirt Vendor _____

What Type of Emergency Medical Personnel and Supplies will be available at the meet site? _____

This is required at State Series Meets

Nearest Airport _____ Distance from Site _____

Hotel Accommodations _____ Cost _____ Distance from site _____

I certify that the above information is accurate. I agree to follow the guidelines as listed in the USA Gymnastics Women's *Rules and Policies & Illinois Rules & Policies* in the conduct of this meet.

Date _____

Signature of Meet Director _____

Send to Norbert Bendixen, 200 S. Shaddle Ave., Mundelein IL 60060, Fax 847-949-6241 or email NorbertIL@AOL.com

2002-03

All Forms must be
computer filled out or
Type written