

Iowa State Championships Bid Form

Season: _____ (Ex. 2016-2017) Compulsory Circle One
Optional XCel
 * If Optional, will XCel Invite be held? Yes No

Name of Host Organization: _____

Meet Director: _____ USA Gym Pro #: _____

Phone Number: _____ Email: _____ Safety Exp: _____

About Meet Host

	Invitational	State	Regional	National
Number of Meets Hosted in last 2 years:				
Number of registered athletes in largest meet:				
Number in attendance at largest meet:				
Number of meets attended in the last 2 years:				

Facility Information

Facility Name: _____

Address: _____

Size of Competition Area: (this should not include spectator area):	Is competition area free of posts, obstructions, etc? If no, please explain:
Spectator capacity & type of seating:	Is spectator view free from obstruction? If no, please explain:
Clear Distances to Walls: Vault – Bars (both ends) – Beam (both ends) – Around FX Mat –	Describe Parking Facilities:

Length of Vaulting Area: (include runway, table, landing mat)	Describe Meeting Area for Judges:
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Equipment/Meet Format Information

Does Facility Allow for Modified Capitol Cup Format? (2 vaulting tables, 2 sets of bars, 2 beams, 1 floor, tumble strip – opt) REQUIRED FOR XCEL	Intended Meet Format: Traditional Modified Traditional Modified Capitol Cup Capitol Cup
Equipment Brand:	Equipment Company Name: (attach the equipment list in their contract)

Accommodation Information

Host Hotel Name, Address:	Number of Rooms in Block: Price Per Night: Is Breakfast Included: Distance From Meet Site:
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Awards/Scoring Information

Individual Medals will be ordered by the State Chair. Please describe any additional awards that will be used:	Percentage of individual medals to be given: Events – All Around –
Description of Team Awards to be given:	Percentage of team awards to be given:
Description of Scoring System:	Description of scoring back up plan:

Who will be responsible for entering scores into system?	Description of double check procedure:

Financial Information:

Facility Rental Fee:	Estimated cost of awards:
Admission Prices: Adults – Children – Seniors (and what ages this includes) – Weekend Pass – Any additional parking fees, taxes, etc:	Entry Fees: Athlete – Team –

Emergency Information

Description of on-site Medical Personnel, Emergency Supplies, etc:	Written plan to bring emergency personnel into competition area (attach additional sheets if needed):
Written plan for Fire Evacuation (attach additional sheets if necessary):	Written plan for Tornado Warning shelter (attach additional sheets if necessary):
Written plan for intruder (attach additional sheets if necessary):	Written plan for power outage (attach additional sheets if necessary):

Other Information

Description of Vendors:	Will a photographer be available on-site (recommended)? If so, will photos be available to order at meet?
Description of State Apparel that will be available: Is it available as a pre-order only?	Any Additional information that may assist the committee in their decision:

I certify that I have read, understand, and will comply with all State Championship requirements that would apply to this meet, listed in the USA Gymnastics R&P and on the Iowa USAG Website.

Meet Director Signature

Date