BID FORM FOR USA-Gymnastics COMPETITION FOR WOMEN  
(Sectional, State, Regional)  

Name of Competition:  ____________________________________________________________

Level of Competition:  ___________ Name of Host Organization:  ____________________________________

Name of Meet Director:  __________________________ USAG Pro #:  _______________ Safety Exp:  _____ Bkgd Exp:  _____

Address:  ____________________________________________________________

Phone Number:  __________________________ Email:  __________________________

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 _____ National _____

Facility Name:  ____________________________________________________________

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

Size of Competition Area:  __________________________ Spectator Capacity:  _______________

( min. 100’ X 90’ required)

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

Facility Rental Fee:  __________________________ Air-Conditioned Yes _____ No _____

Dressing Room for Gymnasts _____ 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 _______

Describe Parking Facilities __________________________

Separate Meeting Room for Judges? Yes _____ No _____ DVD and Monitor available for Judges’ Meeting? Yes _____ No _____

Number & Type of Equipment to be used:  Vault:  ___________ Bars:  ___________ Beam:  ___________ Floor:  ___________

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:  __________________

Distance 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 the meet.

Signature of Meet Director:  __________________________ Date:  __________Signature of Club Owner:  __________________________