



Bid is due by March 1
Submit to scampsgymnastics@aol.com

State Meet Bid Form

Level 2

To be filled out by the meet director

Name of Competition _____ Level(s) _____ Date(s) _____

Host Club Name: _____ Club USAG Number _____

Name of Meet Director: _____ USAG Pro # _____

Meet Director's Email: _____ Meet Director's Cell: _____

Competition Site: _____

Competition Site Address: _____

Dimensions of Competition Area: _____ Type of Seating: _____ Spectator Capacity: _____

Number of Parking Spaces: _____ Parking Cost: _____ Do you have a separate room for judges? Y/N Room for Coaches? Y/N

DVD player & monitor available for judges meeting? Y/N

Equipment Supplier Name: _____ (Attach copy of contract)

Number & Type of Equipment to be used

Vault _____ Bars _____ Beams _____ Floor _____ 6' x 60' Tumble Strip _____ Boards _____

Level 2 State conducted in your facility

Length of vaulting area including runway, table, and landing mat): _____

Clearance Distances: End of Vault to wall: _____ Front of Bars to wall: _____ Back of Bars to wall: _____

Ends of beams: _____ Around Floor Ex: _____

Electronic Scoring System: _____

Score Entry Devices: _____

Score Display Devices: _____

Back-up Display Devices: _____

What type of emergency personnel will be available on site: _____

Meet Director Experience

Were you ever Meet Director for a meet outside your own facility? Y/N

If so, please list last 2:

Name of Meet _____ Year: _____ Level(s): _____ # of athletes _____

Name of Meet _____ Year: _____ Level (s): _____ # of athletes _____

Were you ever Meet Director for a state meet? Y/N

If so, please list last 2:

Name of Meet _____ Year: _____ Level (s): _____ # of athletes _____

Name of Meet _____ Year: _____ Level (s): _____ # of athletes _____

If you have never run a state meet or invitational outside your own facility, list last 2 largest meets conducted in your own facility.

Name of Meet _____ Year: _____ Level (s): _____ # of athletes _____

Name of Meet _____ Year: _____ Level (s): _____ # of athletes _____

Explain how you will be supplying workers for set-up, score entry, timers, and who will be responsible for assigning and training them.

Hotels in the Area

Hotel Name: _____	Number of Rooms _____	Distance to Meet Site _____
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Hotel Name: _____	Number of Rooms _____	Distance to Meet Site _____

State Meet Acceptance Agreement

I understand that upon acceptance of this bid by the USA Gymnastics Wisconsin State Administrative Committee, I understand the following:

- State meets are under the jurisdiction of the SAC.
- Complete bids must be submitted by the due date. If not, the meet will be open for bidding for one week to any club in the state. Incomplete bids will not be accepted.
- State meet logos need to be approved by USA Gymnastics - Branding info is on the state website
- **Meet information must be sent to the SACC by March for approval for posting**
- Meet information must be posted online and emailed to clubs by October 1
- Once entries are received, age groups must be approved by SACC.
- Medals must be labeled with placements.
- No Team Awards for Level 2
- Meet format, equipment, and equipment layout must be approved by SAC
- Schedule must be approved by SACC before posting or distribution.
- Proscore is used to assign athletes to groups, but then a random draw must be done with the SACC to assign starting events for each group. Send Proscore Transfer File to SACC before the draw.
- Proscore must then be used to randomize the athletes within each group after the starting event draw is complete
- Final Schedule must be posted the Tuesday after the last qualifier
- Results must be posted upon completion of each session.
- Financial Statement must be sent to the SACC within 60 days of completion of the meet.

I certify that the above information is accurate. I am Meet Director Certified and agree to the following guidelines listed above, in Wisconsin Rules & Policies, and USA Gymnastics Rules and Policies in the conduct of this meet. Failure to abide by this agreement may result in removal from all state meet hosting rotations and/or loss of hosting an upcoming compulsory season qualifier.

Printed Name of Meet Director: _____ Date: _____

Signature of Meet Director: _____