

# 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