**USA Gymnastics REGION 7 – 2020 REGIONAL MEET BID FORM**

***Email bids to*** [***jbortz7rac@gmail.com***](mailto:jbortz7rac@gmail.com) ***no later than Thursday June 20, 2019 at 4:00pm***

Region Competition Bidding for: **Click here to select meet.** Meet Date: **Click here to enter a date.**

Host Organization Name: **Click here to enter org name.**

Contact Person Name: **Click here to enter text.** Email: **Click here to enter text.** Mobile phone #: **Click here to enter text.**

Address of Contact Person: **Click here to enter text.**

Meet Director Name: **Click here to enter text.** Email: **Click here to enter text.** Mobile phone #: **Click here to enter text.**

Meet Director USAG Pro #: **Click here to enter text.**

Number of meets your club hosted in the last 4 years:

State:Select number Regional: Select a number. National: Select number.

Number of meets your club attended in the last 4 years:

State:**Select number** Regional: **Select a number.** National: Select number.

Name of Proposed Facility:**Click here to enter text.**

Address of Proposed Facility: **Click here to enter text.**

Name of Facility Point of Contact: **Click here to enter text.** POC Phone #: **Click here to enter text.**

Dimensions of Competition Area: **length x width in ft.** \*\***Note**: A floor plan must be included with this bid

Spectator Capacity: **Click here to enter number.**

Description of Awards Location: **enter brief description.**

Facility Rental Fee: **Click here to enter text.**

Facility Air Conditioned? Yes:  No:  Dressing Room for Gymnasts? Yes:  No:

# of Restrooms in Facility: Women: **Click here to enter text.** Men: **Click here to enter text.**

Length of Vaulting Area (including runway, horse, mat area): **Click here to enter length in ft.**

Describe Parking Facilities:**Click here to enter text.**

Separate Meeting Room for 17 Judges?: Yes : No:  DVD Player Available?: Yes:  No:

Number & Manufacturer Model/Type of Equipment to be Used:

Vault: **Click here to enter text.** Bars: **Click here to enter text.**

Beam: **Click here to enter text.** Floor: **Click here to enter text.** Boards: **Click here to enter text.**

Bar Spread: **Click here to enter text.** Type of Rails: **Click here to enter text.**

Describe the Type of Emergency Medical Personnel and supplies will be available at the meet site?

**Click here to enter text.**

Nearest Airport: **Click here to enter text.** Airport Distance from Facility: **Click here to enter text.**

Host Hotel Accommodations:**Click here to enter text.** Hotel Cost/Rate (single/double): **Click here to enter text.**

Host Hotel Distance from Facility: **Click here to enter text.**

Type of Meet Format: **Modified Capitol Cup (2 sets of equipment on competition floor required)**

Comments or special considerations: **Click here to enter text.**

***By submitting or signing this bid form, the Meet Director certifies all of the following:***

1. ***The above information is complete and accurate;***
2. ***I agree to follow the guidelines as listed in the USA Gymnastics Women's Rules and Policies in the conduct of this meet; and***
3. ***I accept the conditions as stated in the Region 7 Meet Bid Information.***

Signature of Meet Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: **Click here to enter a date.**

Send bids to:

Jennifer Bortz at [Jbortz7rac@gmail.com](mailto:Jbortz7rac@gmail.com)

OR mail to to:

Jennifer Bortz

PO Box 243

Boalsburg, PA 16827

814-380-1195 (mobile)

Additional Comments: