

# Official Bid Form South Carolina Competitions ( State Meets)

Name of Competition: \_\_\_\_\_ Levels \_\_\_\_\_

Dates of Competition: \_\_\_\_\_ Entry Fee \_\_\_\_\_

Name of Host Organization: \_\_\_\_\_

Name of Meet Director: \_\_\_\_\_ USAG No \_\_\_\_\_ Exp Date: \_\_\_\_\_

Meet Experience: Invitationals: \_\_\_\_\_ Sectionals: \_\_\_\_\_ State: \_\_\_\_\_ Regional: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/ St/Zip: \_\_\_\_\_

Gym phone: \_\_\_\_\_ Home phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Size of Competition area: \_\_\_\_\_ Spectator Capacity: \_\_\_\_\_

No of Restrooms: \_\_\_\_\_ Dressing Room: \_\_\_\_\_ Air Conditioning: \_\_\_\_\_ Parking capacity: \_\_\_\_\_

Scoring system: \_\_\_\_\_ Separate judges room: \_\_\_\_\_ DVD/TV(required for optional state) \_\_\_\_\_

Number & Brand of Equipment ( **Meet Layout- please include a floor plan for the meet**)

Bars: \_\_\_\_\_ Beam: \_\_\_\_\_ Vault: \_\_\_\_\_ Floor: \_\_\_\_\_

Boards: \_\_\_\_\_ Bar Spread: \_\_\_\_\_ Type of rails: \_\_\_\_\_

Matting: Number, type, and size to be used on each apparatus

Total Length of Vault area \_\_\_\_\_ Vault Runway Length: \_\_\_\_\_

Vault Matting: \_\_\_\_\_

Bar Matting: \_\_\_\_\_

Beam Matting: \_\_\_\_\_

Accommodations: \_\_\_\_\_ Cost per room: \_\_\_\_\_ Distance: \_\_\_\_\_

**Amount of Gate to be charged: AS PER SC USAG GUIDELINES (found in Quick Reference guide)**

I hereby certify that I am a USAG certified Meet Director and that the above information is accurate. If awarded this bid, I agree to run the competition in accordance to USAG Rules and Policies. I agree to pay for the cost of medals, ribbons, and gymnast's gifts as well as the USAG State Account a Meet Tax as listed below:

<b>Level 2,3,4 State Meet \$5.00 per gymnast</b>	<b>( 2 judge panels) – Entry Fee Level 2/3- \$40.00 / Level 4 \$55.00</b>
<b>Prep Opt State Meet \$5.00 per gymnast</b>	<b>( 4 judge panels)- Entry Fee \$55.00</b>
<b>Level 5/10 State Meet-----</b>	<b>( 4judge panels) – Entry Fee Level 5/6- \$60.00/Level 7-10 \$70.00</b>

\* Level 7-10- State Account pays for medals and 1/2 of equipment rental up to \$2,000- Meet director still pays for gymnasts gifts

**ANY CHANGES TO THE ABOVE BID MUST BE APPROVED BY THE STATE BOARD**

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

Emergency Contact or Cell # \_\_\_\_\_ ( required)

**Please Fax this bid to: (803) 788-2911 or Mail to: Joanne Child 403 Waterville Drive Columbia, SC 29229**

**DEADLINE DATE FRIDAY JULY 16<sup>TH</sup>, 2010** (please keep a copy of this bid form for your records)

