

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:

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

* 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 15TH, 2011 (please keep a copy of this bid form for your records)