

**BID FORM
FOR USA GYMNASTICS – COLORADO
Competitions, Clinics, and Events**

EVENT

Name of Competition/ Event _____

Name of Host Organization _____

Level(s) attending: 4___ 5___ 6___ 7___ 8___ 9___ 10___ Elite___ Future Stars ___

Name of Meet / Event Director _____

Address _____

City _____ State _____ Zip _____

USAG Pro# _____ Safety Cert. Exp _____

Number of meets you hosted in the last 2 years: Local _____ Invitational _____ State _____ Regional _____

Largest competitive attendance numbers? _____ Largest Spectator numbers _____

FACILITY

Facility Name _____

Address _____

City _____ State _____ Zip _____

Size of Competition Area _____ Spectator Capacity _____ # of Restrooms _____

Designated athlete seating _____ Designated Judges tables _____

Number of parking spaces on site: _____ Handicap accessible _____

Describe additional parking _____

Separate meeting room for coaches, judges, and or hospitality _____ VCR and TV available _____

On site medical _____ Type of Emergency/Medical personnel _____

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EQUIPMENT

Describe each type of equipment. If using a warm up gym or dual equipment please describe that under duplicate.

Floor Exercise _____

Floor Exercise (duplicate) _____

Pommel Horse _____ Matting _____

Pommel Horse (duplicate) _____ Matting _____

Mushroom _____ Mushroom (duplicate) _____

Still Rings _____ Matting _____

Still Rings (duplicate) _____ Matting _____

Vault _____ Matting _____

Vault (duplicate) _____ Matting _____

Parallel Bars _____ Matting _____

Parallel Bars (duplicate) _____ Matting _____

Horizontal Bar _____ Matting _____

Horizontal Bar (duplicate) _____ Matting _____

Trampoline _____ if so, in ground _____ Above ground _____

Boards _____

I certify that the above information is accurate to the best of my knowledge. I agree to follow the guidelines as listed in the USAG Men's Rules and Policies in the conduct and running of this competition / event.

Date _____ Signature of Meet Director _____