

USAG NORTHERN CALIFORNIA EVENT BID FORM

EVENT: _____

EVENT DIRECTOR: _____

EMAIL: _____

CONTACT PHONE NUMBER: _____

VENUE: _____

SIZE OF VENUE: _____

NUMBER OF ATHLETE-ONLY RESTROOMS: _____

NUMBER OF SPECTATOR RESTROOMS: _____

SPECTATOR SEATING TYPE: _____ **CAPACITY:** _____

SEPARATE AWARD AREA: YES or NO

SEPARATE ATHLETE STRETCHING AREA: YES or NO

EQUIPMENT

WILL YOU BE RENTING: YES or NO

BRAND AND NUMBER:

FX: _____ **PH:** _____ **SR:** _____ **VT:** _____ **PB:** _____ **HB:** _____

ENTRY FEE (max \$135 JN/ \$160 JE): _____

DOES THIS INCLUDE T-SHIRT: YES or NO

TEAM ENTRY FEE (max \$50 per level): _____

SPECTATOR GATE FEE: _____

DOES THIS INCLUDE PRINTED PROGRAM or SCORESHEET: YES or NO

MEDICAL

CERTIFIED TRAINER FOR ALL SESSIONS: YES or NO

ICE MACHINE: YES or NO

SCORING SYSTEM: _____

SCORE FLASHERS: _____

POST RESULTS ON THE WEB: YES or NO
WEBSITE (MY USAGYM, MSO, etc.): _____

HOSPITALITY FOR COACHES AND JUDGES:

LOCKER ROOM ATTENDANT: YES or NO

COMMENTS:

