

Massachusetts USA Gymnastics
2011-2012 Sectional Bid Form

Name of Host Group: _____
Contact: _____ Email/phone: _____
Club affiliation: _____

Meet Director: _____ (must have meet director certification)
Pro# _____ Exp _____ Bkgd Exp _____ Safety Exp _____
Contact email: _____ Cell Phone: _____

Facility Information:
Name: _____
Address: _____

Equipment specifics (brand/number available for use for competition)

Vault: _____
Bars: _____
Beam: _____
Floor: _____

| YES | NO | |
|-----|-----|--|
| ___ | ___ | Handicapped accessible |
| ___ | ___ | Separate meeting area for officials |
| ___ | ___ | Experienced score team proficient in Pro Score |
| ___ | ___ | Adequate parking |
| ___ | ___ | Accessible rest rooms |
| ___ | ___ | Adequate seating for spectators |

I certify that the above information is accurate. I agree to follow the guidelines as listed in the USA Gymnastics Women's Rules & Policies in conducting this event. I have read and understand what the responsibilities of both my organization and what those of Massachusetts USA Gymnastics are. I understand that if this bid is granted, I am responsible for securing a certified athletic trainer as the medical personnel for the event.

Meet Director (print): _____
Signed: _____ Date: _____

Return by October 15, 2011 to:
Michele Archer, SACC
PO Box 742, Shirley, MA 01464
Michelecm73@aol.com

