

**UNITED STATES TRAMPOLINE & TUMBLING
National Age-Group & Elite Championships - Bid Form**

Competition Date(s) _____

Name of Host Organization: _____

Address: _____

Name of Meet Director: _____ E-mail Address: _____

Phone (Home): (_____) _____ Phone (Gym): (_____) _____

Number of meets hosted the last two (2) years: Local _____ State _____ National _____

Number of meets attended the last two (2) years: Local _____ State _____ National _____

Facility Name: _____

Address: _____

Size of Competition Area (*minimum 100' x 200'*): _____ Spectator Capacity: _____

Separate Warm-up Area:

YES - Size: _____ Distance from Competition Arena _____ NO - Please Explain Plans
for Warm-Up _____

Cost of Admission: Adult: _____ Children: _____ Srs: _____

(RECOMMEND OFFERING MULTIPLE DAY PASSES - LIST INFORMATION ON REVERSE)

Facility Air Conditioned: YES NO

Describe Parking Facilities, etc.: _____

Dressing Rooms for Athletes: YES NO Number of Restrooms: Women _____ Men _____

Describe The Separate Meeting (Eating) Room for Judges:

As defined in the USTA Rule Requirements and Contracts, Agree to use:	Comments & Additional Information
VCR(s) & Monitor(s) <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
All new Equipment acquired through Ross Athletic <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Length of Running Areas & Specified Landing Areas <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Exclusive use of USTA National Sponsors Vendors <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Only 10 Athletes per Flight with Flight Awards <input type="checkbox"/> YES <input type="checkbox"/> NO	_____

Awards (award descriptions, location, presentation, etc.)

Please describe flight awards and plans for presentation

Please describe plans for top awards

Please describe plans for team awards

Describe the type of Emergency Medical Personnel and Supplies will be available at the meet site.

Nearest Airport: _____ Distance from Site: _____

Host Hotel Accommodations, Rates, Phone Number, Distance from Site, etc.:

NOTE: PLEASE LIST OTHER HOTEL ACCOMMODATIONS, RATES, & NUMBERS OF ROOMS AVAILABLE, ETC. ON REVERSE

Planning an Athlete Party: YES, Please Describe: _____ NO

Other Area Attractions:

I certify that all the information above is accurate. I agree to follow the guidelines as listed in the U.S.T.A. rules and policies. I agree to abide by the N.T.J.C. rules regarding judges.

Date: _____ Signature of Meet Director: _____

**Send to Patti Lingenfelter, USTA National Office, PO Box 135067 Clermont FL 34713-5067 - DEADLINE: September 1
phone: 863-420-3905; fax: 863-420-2050; e-mail: ustapatti@verizon.net**