



Competition/Event Bid Form

2021-2022 Season

Name of Club:	
Event Name:	
Date of 1 st Session:	Date of Last Session:

Facility Information

Site Name:		
Address of Event:		
City, State, Zip		
Gym Size (sf)	Ceiling Height:	Seating Capacity:
Rental Fee per day?	Rental Fee per hour?	

Hotel Accommodations

Is there a host hotel with special pricing for this event? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please provide hotel information for those who may need it, with or without special offers</i>
Name of Local Hotel:
Address:
City, State, Zip:
Reservations Phone # or website:

Type of Event

Competition: <input type="checkbox"/> Invitational <input type="checkbox"/> Qualifier <input type="checkbox"/> State Meet <input type="checkbox"/> Virtual
Educational: <input type="checkbox"/> Workshop <input type="checkbox"/> Camp <input type="checkbox"/> Clinic
Will athletes be present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Discipline & Levels: *Select all that apply:*

<input type="checkbox"/> Women's
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum <input type="checkbox"/> Diamond <input type="checkbox"/> HUGSW
<input type="checkbox"/> Men's
<u>DIV 1:</u> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <u>DIV 2:</u> <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <u>JR OLYMPIC:</u> <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> Elite <input type="checkbox"/> Jr. Development <input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> HUGSM

Special Aspects of your event

Nothing Special. Standard Competition
 Theme
 Special Awards
 Games/Prizes
 Other

Please explain in detail:

Meet Equipment Details

Length of Vault Runway	ft	Vault Safety Zone Mat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Vault Table Type					
Boards Available					
Describe Vault Landing mats					
Bars					
Describe bars & landing mats					
Beam					
Describe beam & landing mats					
Floor		<input type="checkbox"/> Full Size	<input type="checkbox"/> Spring	<input type="checkbox"/> Carpeted Foam (no spring)	<input type="checkbox"/> Other
Floor: Matting Specification					
Other					

Event Director & Club/Organization Details. All fields and Event Director signature are required.

Event Director Name:	AAU Member #
Club/Organization Name:	Club AAU Member #
Club/Organization Address:	
City:	State / Zip:
Contact Phone #:	Approval of Text Messages: <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Email:	

By my signature below, I represent, warrant, and agree that: 1) I am member in good standing with Southern Pacific AAU Gymnastics. 2) I fully understand the SPAAU Rules and Policies. 3) The event will be conducted in accordance with applicable SPAAU Rules and Policies. 4) I fully assume responsibility and liability for this event. 5) I will verify that all athletes, coaches, judges, and volunteers are registered AAU members in good standing. 6) I understand there may be penalties for any violations of SPAAU Rules and Policies. 7) I understand that any violation of certifications and/or any failure to adhere to the approved dates and/or times may include the loss of sanctioning privileges.

Signature of Event Director

Date

Office/Committee Use Only:

Notes:

Approved

Not Approved

Approved with Modifications

Committee Member Signature

Date