



State Qualifier Bid Form

Name of Competition: _____ Dates of Competition: _____

Levels Offered:

_____ Level 2	_____ Level 6
_____ Level 3	_____ Level 7
_____ Level 4	_____ Level 8
_____ Level 5	_____ Level 9
_____ XCel	_____ Level 10

Host Organization: _____

Contact Person: _____ Email: _____

Gymnastics Club: _____ Phone: _____

Meet Director: _____ Meet Director Certified? (Y / N)

Pro Number: _____ Exp: _____ Bkgd Exp: _____

Safety Exp: _____ Email: _____

Phone: _____

Facility Information

Address of Host Gym: _____

Scoring team with Pro Score experience: (Y / N)

Number of available parking spots: _____

Separate Awards Area: (Y / N) _____

Spectator capacity: _____

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 the host club responsibility attachment and agree to all terms. I will email this form to usagny@gmail.com. I understand that if the competition listed above is granted a State Qualifier I must pay a \$5.00 head tax for every NYS gymnast in the competition. All fees are made payable to: USAG/NY and are due immediately following the competition. The fees should be mailed to: Larry Goldsmith, 3305 Niagara Falls Blvd, N. Tonawanda, NY, 14120

Meet Director Signature: _____

Date: _____