



# 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: \_\_\_\_\_

Gymnastics Club: \_\_\_\_\_ Phone: \_\_\_\_\_

Gym Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Meet Director: \_\_\_\_\_ Meet Director Certified? ( Y / N )

Pro Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ Background Expiration: \_\_\_\_\_

Safety Expiration: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Facility Information

Name and Address of Competition Facility: \_\_\_\_\_

---

Scoring team with Pro Score experience: ( Y / N )                      Entry Fee: (C) \_\_\_\_\_

(O) \_\_\_\_\_

Number of Available Parking Spots: \_\_\_\_\_ (Team) \_\_\_\_\_

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 [lgoldny2@gmail.com](mailto:lgoldny2@gmail.com). I understand that if the competition 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, 41 Brook Court, East Amherst, NY 14150.

Meet Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_