

National Judges Cup Qualifier Bid Form

Club Information

Host Club: _____

Meet Director: _____

Club #: _____

Gym & Cell Phone: _____

Email: _____

Meet Experience

Hosted: _____

State: _____

Regional/National: _____

Facility Information

Facility Name: _____

Address: _____

Venue Website: _____

Size of Competition Area: _____

Ceiling Height: _____

Air Conditioned: Please circle **Yes** or **No**

Spectator Capacity: _____

Number of Parking Spaces Available: _____

Meet Format: _____

Brand of Apparatus / Equipment and Supplier: _____

Spectator Seating: _____

Scoring System: _____

Outsourced Scoring: Please circle **Yes** or **No**

Facility Information Continued

Separate Warm-up Area: Please circle **Yes** or **No**

Size of Warm-up Area: _____

Number of Restrooms: _____

Dressing Rooms for Athletes: Please circle **Yes** or **No**

Meeting Room for Judges: Please circle **Yes** or **No**

Type of Emergency Personnel and Supplies Available: _____

Indicate Times the Gym is Available for Each Day Below:

Thurs: _____ Friday: _____

Saturday: _____ Sunday: _____

Optional: Please include a PDF or drawing of the facility layout.

Travel Information

Primary Host Hotel: _____

Address: _____

Distance from Meet Site: _____

Room Details: _____

Cost of each: _____

Average cost: _____

Secondary Host Hotel: _____

Address: _____

Average cost: _____

Nearest Airport: _____

Distance from Meet Site: _____