

**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)  YES  NO \_\_\_\_\_

All new Equipment acquired through Ross Athletic  YES  NO \_\_\_\_\_

Length of Running Areas & Specified Landing Areas  YES  NO \_\_\_\_\_

Exclusive use of USTA National Sponsors Vendors  YES  NO \_\_\_\_\_

Only 10 Athletes per Flight with Flight Awards  YES  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, 6304 Bayberry Blvd NE, Winter Haven, FL 33881  
phone: 309-854-2896; e-mail: ustapattim@gmail.com**