

BID FORM for Region 8 USAG

TOPS Clinic • January 3-4, 2004

Please read Forms Section in Newsletter on Regional Meet Bids.

**If you have any questions about hosting a TOPs Clinic please contact
JAMES LINDERHOLM
(256) 883-0566 • Email: jglinderholm@comcast.net**

NAME OF MEET DIRECTOR _____ DATE _____
(MUST HAVE MEET DIRECTOR CERTIFICATION)

ADDRESS _____

PHONE NUMBER (GYM) _____ (HOME) _____

HOW MANY TOPs TESTINGS HAVE YOU ATTENDED IN THE PAST 5 YEARS? REG _____ NAT'L _____

FACILITY NAME _____

ADDRESS _____

CITY _____ ZIP _____

SIZE OF COMPETITION AREA _____ SPECTATOR CAPACITY _____

LENGTH OF VAULTING AREA (including runway, horse, mat area) _____

DO YOU HAVE 2" ROPE? YES ___ NO ___ HOW HIGH? _____

DO YOU HAVE WALL BARS? YES ___ NO ___ IS TOP BAR OFFSET? YES ___ NO ___

NUMBER OF RESTROOMS: WOMEN ___ MEN ___ DRESSING ROOM FOR GYMNASTS: YES ___ NO ___

AIR CONDITIONED YES ___ NO ___

DESCRIBE PARKING FACILITIES _____

NEAREST AIRPORT(S) _____ DISTANCE FROM SITE _____

HOTEL ACCOMMODATIONS _____

COST _____ DISTANCE FROM SITE _____

HOTEL ACCOMMODATIONS _____

COST _____ DISTANCE FROM SITE _____

HOTEL ACCOMMODATIONS _____

COST _____ DISTANCE FROM SITE _____

I certify that the above information is accurate.

MEET DIRECTOR _____ DATE _____

MAIL BID TO: DEB KORNEGAY
394 Stonebridge Road,
Birmingham, AL 35210
(205) 951-0184 FAX

DEADLINE FOR TOPs CLINIC BID MUST BE RECEIVED BY OCTOBER 6, 2003