



# TAAF Gymnastics Qualifying Meet Bid Form



### Procedure for Bidding on Qualifying Meets

1. Fill out "Qualifying Meet Bid Form" below and include \$150 tabulation/deposit fee.
2. Bid forms will be accepted by the T.A.A.F. State Office ***beginning June 1, 2018***. Bid forms and the \$150 tabulation/deposit must be received ***in the T.A.A.F. State Office by June 30, 2018***.
3. Acknowledgement of receipt will be sent by the T.A.A.F. State Office.

**Note:** Bids will not be considered if payment is not enclosed with the bid form.

The criteria below will be used to award a meet only if multiple bids are requesting the same date.

1. Gym participated in the T.A.A.F. state meet during previous season.
2. Gym's years of involvement in T.A.A.F.
3. Meet Director's experience, including the number of years in T.A.A.F.
4. Equipment and facility specifications.
5. Meet site evaluations.
6. If a tie still exists, the decision will be made by the State Commissioner.

**Meet Host (Gym Name):** \_\_\_\_\_

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

Gym Phone Number(s): \_\_\_\_\_

Gym Email: \_\_\_\_\_

# Years Gym with TAAF \_\_\_\_\_

Did Gym compete in the 2017 State Meet \_\_\_\_ Yes \_\_\_\_ No

**Meet Site:** \_\_\_\_\_

Meet Site Address: \_\_\_\_\_

Admission Fee to be charged: \_\_\_\_\_

**Meet Director Name:** \_\_\_\_\_

# of years as TAAF Meet Director \_\_\_\_\_

# of years as USAG Meet Director \_\_\_\_\_

Did meet director attend 2017 Meet Director Meeting? \_\_\_\_ Yes \_\_\_\_ No

**Meet Equipment (include clearance distances around each apparatus):**

Vault Exercise: \_\_\_\_\_

Vault Runway Length: \_\_\_\_\_

Landing Area Length: \_\_\_\_\_

Bars Exercise: \_\_\_\_\_

Beam Exercise: \_\_\_\_\_

Floor Exercise: \_\_\_\_\_

Gym Size: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_ Type of Seating: \_\_\_\_\_

Air Conditioned? \_\_\_\_\_

# of Restrooms: \_\_\_\_\_

### Requested Dates

1<sup>st</sup> Choice - \_\_\_\_\_

2<sup>nd</sup> Choice - \_\_\_\_\_

3<sup>rd</sup> Choice - \_\_\_\_\_

**Season Mid-point  
After February before  
March**

### Format/Levels of Competition

Meet Format Traditional \_\_\_\_\_ Modified Traditional \_\_\_\_\_ Capital Cup \_\_\_\_\_ Modified Capital Cup \_\_\_\_\_

I certify the above information is accurate. I agree to follow the guidelines as listed in T.A.A.F. Competition Guide and the USAG Women's Rules and Policies in the conduct of this meet.

\_\_\_\_\_  
Signature of projected meet director

\_\_\_\_\_  
Date

**\*\*Submit this completed form and a check or money order for one hundred fifty dollars (\$150.00). Checks payable to TAAF and then mail to: P.O. Box 1789, Georgetown, TX 78627-1789. Gyms not awarded a meet will be refunded.**