AMS MEET BID APPLICATION

GENERAL INFORMATION		VENUE DESCRIPTION	
CLUB NAME		# LANES	
MEET LOCATION		SPECTATOR SEATING	
SHORT OR LONG COURSE		WARM-DOWN POOL? (Y/N)	
INDOOR/OUTDOOR		AVAILABLE PARKING SPACES	

KEY PERSONNEL				
MEET DIRECTOR	EXPERIENCE			
ENTRY CHAIR	EXPERIENCE			
COMPUTER OPERATOR	EXPERIENCE			
TIMING CONSOLE OPERATOR	EXPERIENCE			
TYPE OF TIMING EQUIPMENT				

AMS MEETS YOUR CLUB HAS HOSTED IN THE LAST TWO YEARS			
1.	2.		
3.	4.		

CLUB'S OFFICIALS / CERTIFICATION LEVELS					
NAME	LEVEL	NAME	LEVEL		
1.		2.			
3.		4.			
5.		6.			
7.		8.			
9.		10.			
Does your club have a cu	YES NO				
Will someone be available to cover First Aid situations throughout the entire meet?			YES NO		
			_		

Will someone be available to cover First Aid situations throughout the entire meet?

Will Meet Marshals available to keep the deck clear of non-meet personnel during the competition?

Does your pool have a separate resting/eating area(s) for swimmers?

If yes – please describe the area(s) and relative location(s) to the pool.

Will there be event notification for swimmers available in the resting area?

Are there other events scheduled at your facility for the same dates that you are bidding on?

Comments (optional) – please attach additional comments or relevant information

ALL INFORMATION MUST BE COMPLETED FOR APPLICATION TO BE CONSIDERED FOR AWARDING A MEET

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MEET REQUESTS					
MEET NAME	DATES	ALTERNATE	DATES		
1st.					
2nd.					
3rd.					
*Note: An alternate meet selection must This application is for the following meet WE, the undersigned understand and a our club will be awarded a meet. WE also understand that should we be Swimming, Inc. and Allegheny Mountai the current USA Swimming Rules and R	et type: Sanctione gree that the submittin awarded a meet, we ag n Swimming, Inc. These	d Approved Other Page of this application does not constitute of the Rules and Regulation specifically include those set	ntions of USA forth in Article 202 of		
Mountain Swimming, Inc. Upon notification and acknowledgement and APPLICATION FOR stated on the appropriate forms.	DR SANCTION to the A	MS OFFICE via e-mail or per the instr	uctions that are		
In addition, a completed Meet Summar following the meet. The Meet Director the AMS Age Group Representative wit (Please see the AMS website for curren information.	will also complete a se hin 10 days following t	lf-evaluation form and forward to the he meet.	e Age Group Chair or		
WE ALSO AGREE AND UNDERS	TAND THAT THE OUTC	COME OF THEAWARDING OF THE ME	ETS IS FINAL!		
We have completed the above informa regards to the awarding of meets.	tion and acknowledge	that we have read and understand th	ne above statement in		
CLUB PRESIDENT:		DATE:			
MEET DIRECTOR:		DATE:			

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