MIDDLE ATLANTIC MEET HOST APPLICATION
NON-CHAMPIONSHIP MEETS

Complete this form for EACH meet on which you wish to bid and submit to MikeSeip@maswim.org

Name of meet	
Name of meet host club	
Date of meet	
Type of meet	○ A+ ○ A/BB/C ○ BB/C or sub-JO ○ Mini ○ Distance ○ Dual ○ Developmental ○ Intrasquad ○ Relay Carnival ○ Other_____
Type of competition	○ Open ○ Closed to invited teams
If closed, number of invited teams	
Certified Meet Director for this meet	
Certified OR Director for this meet	
Certified Meet Referee for this meet	
Name and location of facility	
Competition pool	○ Indoor ○ outdoor ○ yards ○ meters ○ 25 ○ 50 ○ short course ○ long course _____# of lanes to be utilized for this competition _____Depth at start end _____Depth at turn end
Warmup/warmdown pool	◉ Indoor ○ outdoor ○ yards ○ meters ○ 25 ○ 50 ○ short course ○ long course _____# of lanes to be utilized for warmup _____# of lanes for continuous warm-down
Timing System type	○ Colorado ○ Daktronics ○ Other_____
# of lanes displayed on scoreboard	_____Pool One _____Pool Two
Meet management software	○ Meet Manager ○ Touch Pad ○ Other_____
Spectator seating capacity	
Deck seating capacity	
Onsite parking / Cost	○ Yes ○ No / Cost $_____
Snack bar available	○ Yes ○ No

I_____ , serving as _____ for _____
(name) (title) (host club)

do hereby make application to Middle Atlantic Swimming to include the above meet on the meet schedule for the coming year. I attest that that Meet Director, the Operational Risk Director and the Meet Referee are aware of this application and have consented to serve in the indicated capacity for this meet. My contact information is below:

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Email Phone