

## MIDDLE ATLANTIC MEET HOST APPLICATION **NON-CHAMPIONSHIP MEETS**

Complete this form for FACH meet on which you wish to hid and submit to MikeSein@maswim.org

Name of meet	Theet on which you wish to blu drid submit to wince	<u>espermaswimory</u>	
Name of meet host club			
Date of meet			
Type of meet	A+ A/BB/C BB/C or sub-JO	Mini	
	Distance Dual Developmenta	al 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 co	urse long course	
	# of lanes to be utilized for this competition		
	Depth at start endDepth at turn end		
Warmup/warmdown pool	Indoor outdoor yards	meters	
	25 50 short co	urse 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 O	ther	
Spectator seating capacity			
Deck seating capacity			
Onsite parking / Cost	Yes No / Cost \$		
Snack bar available	Yes No		
, serving as for for			
(name)	(title)	(host club)	

<u> </u>	, serving as	for	
(name)	(tit	e)	(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:

Email Phone