

So. California USAG Competition Site Information 2008-2009

Host Club _____ **Address** _____ **City** _____ **Zip** _____

Gym Phone _____ **Fax #** _____ **Email** _____

Meet Director _____ **Phone** _____

USAG # _____ **Exp Date** _____ **Safety Cert Exp Date** _____

Meet Location (if other than gym) **Address** _____

Sq ft of facility _____ **Sq. ft of competitive area** _____ **Warm-up gym?** _____

Gym availability: Saturday _____ AM to _____ PM Sunday _____ AM to _____ PM _____

Spectator seating capacity per session _____ # in bleachers _____ # in chairs _____

Restrooms # Female _____ # Male _____ **D.R. for gymnasts?** _____ **CD player** _____

Judges Meeting Room: Describe (office, in-gym, other) _____ **TV-VCR** _____

of Parking spaces _____ **Distance from gym** _____

Facility rental \$/day _____ **Scoring Program** _____

Meets hosted in past 2 years (#) **Local** _____ **Sect** _____ **State** _____ **Reg** _____

Specify type of emergency medical personnel you will provide *throughout the meet:*

Doctor/MD _____ **Nurse/RN** _____ **Certified Trainer** _____ **EMT** _____

Equipment Description: State brand and condition as new/good/fair

List only equipment used for competition. **Equipment MUST meet R & P Specs.**

Bars # () _____ **Spreader width** _____ **Beams # ()** _____ **Age of covers** _____

Floor _____ **Vault Table** _____

Runway length _____ **Raised** _____ **Foam** _____ **Other** _____

Boards (1) _____ (2) _____ (3) _____

Mats: 8" Skill Cushion # _____ # of Sting mats _____ # of 4" Throw mats _____
Horseshoe _____ Stop Pad _____

Signature of Meet Director _____ **Date** _____

Please provide: 1) A map to the meet site 2) Photos or a diagram of comp. area set-up.
(Please include equipment arrangement, judges seating, spectator area, & location of restroom.)

Send completed form to: Carol McIntyre, State Chairman, 3100 Airport Way, Long Beach, CA 90806