

REQUEST FOR CALENDAR DATE



Date(s) Requested
for Meet _____

Name of Meet _____

Level (s) _____ Type of Competition: _____

Meet Format: Traditional _____ Modified Capital Cup _____ Other (explain) _____

Host Club _____

Site Address _____ City _____

Gym Phone _____ Meet Phone _____ Gym Email _____

Meet Director _____ Phone _____ Email _____

USAG# _____ Exp. Date _____

Gymnast Entry Fee \$ _____

Site sq ft. _____ Spectator Seating Capacity/Session _____ Gift for Athletes _____

Type of Awards:

Placement Ribbons _____ Medals _____ Other _____

of Judges needed per day _____ **(must submit request & fee @meet directors meeting)**

of meets hosted in the past two years: Local _____ Sect _____ State _____

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

- ~ All date requests **must be in hand by MAY 20th AT 8 PM** for calendar approval.
- ~ A **\$100 bond** for each calendar date requested must be submitted to State Chairman.
- ~ Any changes to this request made after approval by the State Administrative Committee may incur a \$50 fine
- ~ Supply a full list of COVID protocols that will be used at the meet.
- ~ Cancellation of meet date(s) will result in forfeiture of the bond.
- ~ Meet Director must follow 10 for 10 Judges' Protocol for competition.
- ~ A \$1.00/gymnast State competition fee is required with all meet results.
- ~ Only meets on the State Calendar may be used as qualification meets for the 2022/23 season.

As meet director I understand and agree to comply with all SOCAL S.A.C. and National USA Gymnastics Rules and Polices.

Signature of Meet Director _____ **Date** _____

Mail to: Peter Flores-SoCal SACC:
2401 E. Willow St., Signal Hill CA 90755 or email to SoCalSACC@gmail.com