

SoCal Gymnastics

REQUEST FOR CALENDAR DATE



NAME OF THE MEET _____

Level (s) _____ Date Requested _____ Type of Comp. _____

FORMAT: Traditional _____ Modified Capital Cup _____ Other (explain) _____

HOST CLUB _____

Site ADDRESS _____ CITY _____

GYM PHONE _____ 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 _____ Medals _____ Other _____

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

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

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All date requests **must be submitted by MAY 12TH** for calendar approval. ~ A **\$100 bond** for each calendar date requested must be submitted to the State Chairman. ~ Any changes to this request made after approval by the SAC may incur a \$50 fine ~
~ Cancellation of meet date(s) will result in forfeiture of the bond.
~ Only meets on the State Calendar may be used as qualification meets for state

As meet director I understand and agree to comply with all SOCAL USA Gymnastics and National rules and polices.

Signature of Meet Director _____ Date _____

Mail to: Peter Flores-SoCal SACC:
2277 Redondo ~ Signal Hill CA 90755 or email to SoCalSACC@gmail.com