



TAAF Gymnastics Qualifying Meet Bid Form

Procedure for Bidding on Qualifying Meets

I. Bid forms will be accepted by the T.A.A.F. State Office beginning July 1, 2024. Bid forms and the \$150 bid fee must be received in the T.A.A.F. State Office NO LATER THAN July 31, 2024.

****Submit this completed form and a check or money order for one hundred fifty dollars (\$150.00). Checks payable to TAAF and then mail to: 407 N. Water ST, Burnet, TX 78611. Gyms not awarded a meet will be refunded. ***You MUST ALSO send a copy of this form to Jan Eyman at taafgymnastics@gmail.com as well but bids are only official when received by the state office. Council members will award meets and present a completed schedule by August 15-20, 2024 (exception: state meet awards schedule will supercede qualifying meet schedule posting)**

Note: Bids will not be considered if payment is not enclosed with the bid form.

Bidders must have had a competitive team compete full season and through to and including their state meet(s) in order to be considered for a bid award. Please circle corresponding answers or fill in the blanks:

1. Bidding Gym had a competitive team in the previous competition season YES ____ NO ____ . Level (s) _____
2. Bidding Team participated in the T.A.A.F. STATE meet in the previous season. YES ____ NO ____ Level (s) _____
3. Gym's years of involvement in T.A.A.F. #of Years: _____
4. Meet Director's experience, including the number of years in T.A.A.F. Name: _____ Yrs: _____
 *Meet Director is responsible for all aspects of meet organization and implementation. A designated on site only director will not qualify as the Meet Director.
 Meet Director: _____ Will also have on site director: YES ____ NO ____
 **First year meet hosts MUST hire a certified TAAF meet director for the first host year.
5. Chosen Meet Format:
 This meet will run modified traditional (warm-up compete) YES ____ NO ____
 This meet will run continuous capital cup (one floor) YES ____ NO ____

Meet Bidder Host (Gym Name): _____

Gym Address: _____

Gym Phone Number(s): _____

Gym Email: _____

Meet Site:

Meet Site Address: _____

Admission Fee to be charged: _____

Meet Equipment

Type: Vault _____ Vault Boards/Tramps _____ Bars _____ Beam _____ Floor _____

Seating Capacity: (circle one) CHAIRS / BLEACHERS / COMBINATION Total Capacity: _____

Air Conditioned? (circle one) YES / NO

of Restrooms: _____

Parking: Total Capacity: _____ Adjacent to facility: (circle one) YES / NO

Requested Dates : include any possible dates you are able to host. The order of the dates will not matter. Assignments are made by the competition committee and based on the quality of the schedule for the entire season. If needed I am willing and capable of hosting more than one meet. YES ____ . NO ____

I certify the above information is accurate. I agree to follow the guidelines as listed in T.A.A.F. Cavalcade Rules and in the Gymnastics Operating Code in the conduct of this meet. Signature of projected meet director:

_____ Date: _____