



TAAF STATE Meet Bid Form

Procedure for Bidding on STATE Meets

1. Fill out the information below.

2. *Bid form must be accompanied by a 100 word or less description of what you can offer a state meet.*

You MUST send your description and a copy of this form to Jan Eyman at taafgymnastics@gmail.com This MUST BE RECEIVED BY June 30, 2025 No money is due - you MUST request a confirmed receipt of the bid.

Please circle corresponding answers or fill in the blanks:

1. Bidding Gym has hosted at least THREE qualifying meets in past seasons. YES _____ NO _____

2. Gym's years of involvement in T.A.A.F. #of Years: _____

3. Meet Host/Director's experience, including the number of years in T.A.A.F. Name: _____ Yrs: _____

*Meet Host/Director is responsible for all aspects of meet organization and implementation. A hired meet director who is different from the Host Meet Director will share the responsibility of adherence to requirements.

Meet Host/Director: _____ Will also have additional director: YES _ NO ____

**First year state meet hosts MUST hire a certified TAAF meet director for the first host year. Exceptions may be considered for proven experience in past qualifying meets or other experience proven to be applicable and qualifying.

Name of additional Meet Director: _____

Meet Format: ALL STATE MEETS must be able to accommodate a true capital cup or a modified capital cup format. No bids for other formats will be accepted.

Meet 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

State Meet(s) Bidding on for 2026:

XB, L1,2 State April 25-26 _____ Level 3P/XS May 2-3 _____ Level 4-9/XG,P,D,Sa May 16-17 _____

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: _____