



BID TO HOST UANA EVENT

MASTERS CLINIC APPLICATION

UNION AMERICANA de NATACION
1 OLYMPIC PLACE, COLORADO SPRINGS
USA

1.0 Preamble

The Event is and shall remain the exclusive property of the Union Americana de Natacion (UANA). The Event will be organized and conducted on behalf of UANA by the Bidder and under the sanction and control of UANA.

The UANA MASTERS Technical Committee will be the Management Committee and will be responsible for the technical details of the Event. The Organizing Committee (OC) will be responsible for the logistical details.

UANA President: Dale Neuburger

UANA Secretary – Treasurer: Errol Clarke

Discipline Liaison: Marcos Jara

UANA MASTERS Technical Committee Chairperson: Mel Goldstein

UANA MASTERS Technical Committee Secretary: Maureen Croes

2.0 Application Information

Please ensure the following are attached when submitting this Bid to Organize and Host the Event:

Information included	
Host Organization Information	
Host Country/City Information	
Venue Information Hotel, Classroom, Pool	
Coaches Bio	
Agenda	
Additional items	

3.0 Host Organization Information

Name of Applicant Federation/Club:

Mailing address:_____

Daytime phone #:_____ Cell Phone #:_____

Email:_____

Host Stamp

Signature of President or Secretary:_____

UANA or Organizational Affiliation:_____

Contact person:_____

Contact Email:_____

This application was prepared by:

Name:_____

Daytime phone #:_____ Cell Phone #:_____

This application meets with the approval of the Federation of the Applicant Host/Club if applicable:

Federation Stamp

Signature:_____

Name and Title:_____

Email Address:_____

Telephone: _____

List Clinics within the past 4 years. Name of event, date, # of participants, type of event (SW, WP, SS, DV, OW) If no previous clinic was held, put no clinic

1) _____

2) _____

3) _____

If additional information regarding or accompanying documentation is required, list the primary contact information below:

Name: _____

Daytime phone #: _____ Cell: _____

Email: _____

4.0 Host City Information

Name of Host City: _____

Proposed dates of clinic:

Option 1: _____

Option 2: _____

Option 3: _____

5.0 Venue Information

Place where the clinic will take place:

(at the pool, at the hotel, other, please list all venues that are applicable)

Name: _____

Address: _____

Will the venue have power and internet capabilities? YES or NO

6.0 Hotel/Airport Information

Official Hotel

Name: _____

Address: _____

Hotel Website: _____

Airport

Nearest airport: _____

7.0 Coaches information

Name of coaches:

**8.0 Clinic Curriculum/Agenda
please attach**