



2020 CZ Diversity Select Camp Application

Mail completed application along with
Requested attachments listed to :

Pam Lowenthal
Illinois Swimming- CZ Diversity Camp
1400 E Touhy Ave
Suite 410
Des Plaines, IL 60018

Application Deadline: September 1, 2016

Questions or concerns regarding this application may be directed to:

Pam Lowenthal

Illinois Swimming

Phone: 847-824-1596

Email: pam.lowenthal@ilswim.org

**Bidder will be notified of time for brief presentation at the USAS Convention during the Central Zone Meeting.
Selected host of this camp will be voted upon at Central Zone Meeting at USAS Convention**



2020 CENTRAL ZONE SELECT DIVERSITY CAMP

HOST APPLICATION

Purpose: Instill a vision of success and inspire athletes from ethnically under-represented populations to become leaders in the sport of swimming.

Goals:

1. Demonstrate the viability of multicultural success in swimming with their local LSC.
2. Inspire athletes to achieve competitive success at every level of the sport.
3. Encourage and demonstrate opportunities for the athletes to be positive leaders and role models that others can emulate.
4. Connect, network and promote the virtues of the sport of swimming through a comprehensive strategy involving the athletes, coaches and LSC Diversity Chairs in their own local LSC's and throughout the Central Zone.

Host: LSC: _____

CLUB NAME: _____

CONTACT PERSON (Should be the same person submitting this application)

NAME: _____

EMAIL: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Cell Phone: (____) _____

Dates: It is proposed that athletes will arrive Thursday late afternoon/ evening and depart Sunday morning.

Submitted Dates for Camp: _____ - _____

Pool Location:

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

No of lanes: _____ Length: _____ Indoor: _____ Outdoor: _____

Classroom available at pool facility: No: ____ Yes ____ Number of rooms available: ____

Seminar Location:

Facility Name _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Number of classrooms: _____

Types of audio/visual equipment available in each room please supply numbers below:

LCD Projectors: _____ Computers: _____ Internet access: Yes _____ No: _____

Number

Of Attendees: 2 athletes from each LSC in the Central Zone
1 coach from each LSC
1 Diversity Coordinator from each LSC

Athlete Age: 13- 16 years of age at the time of the camp (9-10th grades)

Lodging Location:

Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Number of athletes per room _____ Number of adults per room: _____

Common gathering area available: Yes _____ No _____

Meal availability at location: Yes _____ No _____

Funding:

Each LSC will fund two athletes, a coach and their Diversity Chair to the camp. Funding will need to include their transportation to and from the camp,

USA Swimming will fund \$4000.00 for the camp host which will be a receipt driven report filed to USA Swimming for the amount.

Cost:

Funding Required from each LSC per attendee: \$ _____

Funding will need to include their transportation to and from the camp lodging and meals.

Rental Costs:

Pool: \$ _____ Rental Cars: \$ _____

Estimated costs per individual:

Meals: \$ _____ Snacks \$ _____ Lodging: \$ _____

Qualifications: Athletes must have qualified in at least one individual event in their local LSC championship meet in either SCY or LC seasons. In the event that there are no qualifying swimmers, the LSC can elect to send two athletes of its choice.

Selection: Each LSC will select the two athletes they wish to represent that LSC using the application attached. The LSC will then select one coach from a diverse cultural group or a coach of a diverse cultural team based on their own LSC evaluation.

Camp Schedule: The two day camp program will include a combination of pool training, motivational and education sessions, networking and strategic planning sessions for members of each LSC, and team building activities.

Coaches And Diversity Chairs: The coach and Diversity Chair track will include observing in water workouts, classroom sessions with guest speakers and strategic planning sessions and goal setting with their LSC specific athletes

Camp Staff: Camp staff: (This has been a non-stipend commitment, but the host should budget for staff rooms and meals.)

How many staff: _____ Head Coach Name: _____

Camp Manager Name: _____

Airport Transportation: Will be provided at no cost to participant: Yes____ No: _____

Will be provided at a cost of \$ _____ per participant

USA-S Staff: Requests for staff from the Club Development and Sports Performance division can be requested.

____ Yes we will be requesting USA Swimming to send a Sports Performance consultant

____ Yes we will be requesting USA Swimming to send a Club Development consultant

ON AN ADDITIONAL PAGE ATTACHED TO THIS APPLICATION PLEASE DESCRIBE THE FOLLOWING:

- GUEST SPEAKERS AND THEIR BIOS
- SOCIAL ACTIVITY PLANNED WHEN, WHERE, WHAT
- SCHEDULE OF THE CAMP INCLUDING POOL SCHEDULE

Application Submission Deadline: September 1, 2016

SUBMIT COMPLETED APPLICATION TO:

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