

WISCONSIN SWIMMING, INC. CHAMPIONSHIP BID APPLICATION



APPLICANT INFORMATION

Name of Wisconsin Club:

Current mailing address:

City:

State:

ZIP Code:

Website:

CHAMPIONSHIP MEET BID YOU ARE PLACING:

CHAMPIONSHIP HOSTING HISTORY

HOW MANY CHAMPIONSHIP MEETS HAS YOUR TEAM HOSTED IN THE PAST FIVE (5) YEARS?

Regional Championships:

Silver Championships:

AG SCY Championships:

SR SCY Championships:

AG LCM Championships:

SR LCM Championships:

Other Championship Meets (Please List):

USA Swimming Club Recognition Level:

WISCONSIN SWIMMING AND USA SWIMMING PARTICIPATION – CLUB OFFICIALS

Number of Club Officials that have participated in the following meets in the past five (5) years:

WISCONSIN SEMINARS:

REGIONAL/SILVER MEETS:

AGE GROUP CHAMPIONSHIP MEETS:

SENIOR CHAMPIONSHIPS:

NATIONAL EVENTS (Please list)

NUMBER OF STARTER/REFEREES:

NUMBER OF STROKE/TURN JUDGES:

MEET SPECIFICATIONS

Name Of Venue:

Location of Venue:

Is Pool Certified with USA Swimming:

COSTS

Admission \$

Heat Sheets \$

Parking \$

TIMING SYSTEM

Type and Model of System:

of Touch Pads, Including Backup Pads:

of Backup Buttons:

Starting Speakers:

of Lines (lanes) on readout board:

Can Board Display Names? **YES** / NO

PUBLIC ADDRESS SYSTEM

Pool Area:

Locker Room:

Swimmers Rest Area:

Hospitality:

SWIMMERS' REST AREA

Convenient to Competition Course?

Distance from Competition Pool?

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DISTANCE EVENTS

Will Host Club Provider Timers for the Distance Events?

TECHNOLOGY

Will you have wireless internet available: Coaches: **YES** / NO Spectators: **YES** / NO

Meet Manager Version

Do You Use more than One Computer: **YES** / NO

Will you have live results? **YES** / NO

If NO, please explain:

HOSPITALITY AND MEET AREAS

Please describe plans for hospitality:

Do you have sufficient area for coaches and officials meetings: **YES** / NO

POOL SPECIFICATIONS

Age of Pool

Indoor/Outdoor Facility:

POOL #1:

# of Lanes:	Length:	Width:	Depth Start End:	Depth Turn End:
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POOL #2:

# of Lanes:	Length:	Width:	Depth Start End:	Depth Turn End:
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WARMUP/COOL DOWN AND AVAILABILITY

# of Lanes:	Length:	Width:
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Maximum Capacity:

DECK SPACE

Behind Starting End:

Lane One Side:

Turn End:

Opposite Side:

STARTING BLOCKS:

Brand

Length of Platform

Width of Platform

Degree of Slant

Height above Water

Numbered on both sides: **YES** / NO

Number of Supports

Non-Skid Surface:

POOL TEMPERATURE

Guarantee Correct Temperature Range in Pool: YES / NO

Air Temperature Control (Indoor)? YES / NO

AWARDS AREA

Please describe the awards area, location and staging:

SPECTATOR

Seating Capacity:

Auxillary Seating Area:

Handicapped Area:

PARKING

Number of Parking Spaces

Auxillary Parking?

Shuttle Service To Auxillary Parking?

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Are there other events in the area during the dates above that will affect the championship meet: YES / NO
If Yes, Please describe:

Signature of applicant

Date

Print Name:

Phone Number:

PLEASE SUBMIT A WRITTEN DESCRIPTION OF ANY OTHER COMMENTS :

SUBMIT COMPLETED APPLICATION TO:
Jeanne Drzewiecki, Wisconsin Swimming Sanctioning Chair
NSSwimming@aol.com
Questions: 414-256-8917