

# 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:
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Turn End:	Opposite Side:
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## STARTING BLOCKS:

Brand	Length of Platform
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Width of Platform	Degree of Slant
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Height above Water	Numbered on both sides: <b>YES</b> / NO
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Number of Supports	Non-Skid Surface:
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## 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:
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Handicapped Area:	
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## PARKING

Number of Parking Spaces	Auxillary Parking?
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	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](mailto:NSSwimming@aol.com)  
Questions: 414-256-8917