

IOWA SWIMMING, INC.
BID APPLICATION TO HOST A MEET

Bids must be postmarked by **March 15**

Mail to: ISI Adm Vice Chair

CLUB NAME: _____ DATE: ____/____/____
CLUB CONTACT: _____ PHONE: (____) ____-____
ADDRESS: _____ OFFICE: (____) ____-____
EMAIL: _____

COMPLETE ONE FORM FOR EACH MEET YOU WISH TO HOST

DATE(S) YOUR CLUB IS REQUESTING TO HOST THIS MEET: (Month/Day(s)/Year):
1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

MEET INFORMATION

MEET NAME: _____
TYPE OF MEET: (Circle all that pertain)
AGE GROUP: Q+ Q- OPEN NOVELTY Other: (Specify) _____
REGIONAL FINALS 12 & U CHAMPIONSHIPS
13-14, SENIOR CHAMPIONSHIPS LC CHAMPIONSHIPS
8 & UNDER: A-B-C A-B A A/B/C A/B OPEN
FORMAT OF MEET: PRELIM/FINALS TIMED FINALS Other: (Specify) _____

POOL INFORMATION

LOCATION MEET WILL BE HELD: (School or Pool) _____
NUMBER OF LANES: _____ POOL LENGTH: _____ METER/YARDS: _____
IS POOL: INDOOR / OUTDOOR IS POOL CERTIFIED: YES / NO
Pool Depth @ 1.5 Meter from start block: _____ Pool Depth @ 1.5 Meter from other end of pool: _____
IS YOUR POOL SECURED FOR THIS DATE? (Circle One) YES / NO

Please list any extenuating circumstances affecting your bid:

Does your club have personnel to efficiently run a meet: (Timers, Officials, Clerk of Course, etc.)

FOR ISI USE ONLY: Date Postmarked: ____/____/____ Approved by: _____