

VIRGINIA SWIMMING MEET BID REQUEST

HOST CLUB: _____

DESIRED DATES OF MEET: _____

TYPE OF MEET: _____

(Open? Closed? Time standards? Region Champs? District? AG? SR?)

PROPOSED VENUE: _____

COURSE: _____

(SCY, SCM, or LCM)

NUMBER OF LANES: _____

NUMBER OF COURSES: _____

NUMBER OF CONTINUOUS WARM UP/WARM DOWN LANES: _____

SEPARATE POOL: _____

FIRM COMMITMENT NEGOTIATED? Yes or No: _____

CONTRACT SIGNED? _____

HOST CLUB POINT OF CONTACT:

Name: _____

Email Address: _____

Phone: _____

ADDITIONAL REMARKS: _____

Fill out and save form and email it to: techplanningchair@virginiaswimming.org