

INSTRUCTIONS - FOR CLUB APPLICANT

- 1) Application must be complete for any and all GFA events being hosted in Ontario
- 2) Club applying must be in good standing with Gymnastics Ontario
- 3) Only **FULLY** completed applications will be considered or processed (dates will not be held for incomplete applications)
- 4) In order to be considered for a GFA performance/demo/showcase event, **3 date choices** must be submitted
- 5) If you are applying for more than one event, a separate form must be submitted per event

Any changes must be submitted to and approved by the Gymnastics for All Program Manager.

Completed applications will be considered on a first come, first served basis.

Application Check List:

- Bid to Host document with all completed information – **MUST BE TYPED**, hand written document will not be accepted
- Minimum of 3 choices for date
- Signature (actual, not font/type/text)
- Floor plan (pictures are encouraged)
- Event Directive (Call to Meet)

Please note that the following words **MAY NOT** be used in the name of the invitational, qualifier or cup: Ontario, Provincial, Canadian, Worlds or World, Olympic, National, International, Tour, Championships.

Bid to Host applications must be submitted electronically to the GFA Program Manager at gfa@gymnasticsontario.ca

Section A: Host Club

| HOST CLUB INFORMATION | |
|--|--|
| CLUB NAME | |
| CLUB ADDRESS | |
| CLUB PHONE | |
| EVENT DIRECTOR (S) | |
| CONTACT EMAIL | |
| VENUE INFORMATION (if different from the club information above) | |
| NAME OF VENUE | |
| ADDRESS | |
| CITY | |
| POSTAL CODE | |
| PHONE | |
| EMAIL | |

Section B: Event Information

| | |
|---|-------------------------|
| Name of Event: | |
| | |
| Requested Date for Event: (MUST have 3 choices in order to be considered) | 1 st Choice: |
| | 2 nd Choice: |
| | 3 rd Choice: |
| | |
| Participating ages | |

Section C: Facility

| FLOOR PLAN | |
|---|-----------|
| All applications must attach a proposed floor plan. The plan must include all dimensions to scale and may not be hand drawn . Clubs renting a venue must provide a copy of their signed agreement with this application to be considered. | |
| We plan to host in our own facility | Yes or No |
| We plan to rent a facility | Yes or No |
| Square footage of facility | |
| Ceiling height before obstructions (lights, beams, etc.) | |
| Note any unique characteristics of the gym (i.e. close to wall) | |
| Overall capacity based on Ontario Fire Code | |
| Number of Fire Exits | |
| EXTERNAL AREAS | |
| Number of parking spaces | |
| Number of spectator seats | |
| Type of spectator seating (bleachers or chairs) | |
| Number of washrooms for women | |
| Number of washrooms for men | |
| | |

| | |
|---|--|
| Number of washrooms for athletes/coaches/judges (if different from above) | |
| Number of change rooms for females | |
| Number of change rooms for males | |
| ADDITIONAL AREAS THAT MUST BE AVAILABLE (YES/NO) Please indicate location on floor plan | |
| Athlete/coach registration area | |
| Spectator admission area | |
| Food concession area | |
| Vendor area | |
| First Aid area | |

Section D: Organizing Committee

| ORGANIZING COMMITTEE INFORMATION | |
|---|-------------------------|
| Event Director | |
| Alternate phone number? | |
| Has the Event Director attended the GO Meet Director's Course? | Yes or No, if Yes when? |
| Number of years/events as an Event Director: | |
| Additional Organizing Committee Members: | |

| ORGANIZING COMMITTEE EXPERIENCE | | | | |
|--|-------|---------------|----------------|------|
| Name | Event | Date of Event | Level of Event | Role |
| | | | | |
| | | | | |
| | | | | |

Section E: Medical

An individual with a minimum First Aid Certification is required to be present at the event. A First Aid area is required for ice and a first aid kit.

We will have an individual with a minimum of First Aid Certification present throughout the entire event (check box)

Section F: Equipment

The equipment information below is a guideline, not a requirement. Please be sure to list all available equipment for your event.

| EQUIPMENT INFORMATION | |
|--|--|
| Will you be using your own equipment or renting? | |
| Who is the equipment manufacturer? Note: Equipment manufacturer needs to be listed on the Event Directive | |
| Please indicate any equipment anomalies | |

| EQUIPMENT LIST | | |
|--|--------------------------|--------------------------|
| Performance/Demo/Showcase event – indicate equipment available | Amount available | Make/Type/Details |
| Artistic Floor top – 7 pieces of roll mats (14m x 2m) | | |
| Warm-Up Area (Indicate Size) | | |
| Springboards (range from soft to hard) | | |
| Mini trampoline | | |
| Foam trapezoids or boxes | | |
| Landing mats 3mx2mx20cm | | |
| Assortment of Landing mats 5cm, 10cm, 20cm | | |
| MUSIC | | |
| Type of sound system | | |
| Has the sound system been used at a previous competition? | | |
| Is there a back-up system available? | | |
| What options are you offering for playing music? (CD, mp3, USB key, email, etc.) | | |
| Is this system compatible for mp3 players and usb keys? | | |
| ADDITIONAL EQUIPMENT | | |
| Additional equipment available at Performance/Demo/Showcase Event | Make/Type/Details | |
| | | |

Section G: Signature

Actual signature or electronic signature (not font) is required for all applications:

Signature of Organizing Committee Chair/Event Director: _____

In submitting and signing this request for participant sanction, the club/affiliation's individual or group sanctioned agrees to abide by the rules and regulations of Gymnastics Ontario, Gymnastics Canada and FIG. The club/affiliated individual or group also stands by the information in this document as to being true and correct.

The following are attached:

- Floor plan
- Event Directive

Post Event Document to be sent:

- Meet Director's Report



2022-2023 EVENT – BID TO HOST Gymnastics for All

For G.O. Office Use:

| | | |
|---------------------------------------|--|-------|
| Date Received: | | |
| Invitational Sanction Request Status: | | |
| GO Program Manager Signature : | | Date: |
| GO Events Manager Signature : | | Date: |