



YMCA Great Lakes Zone
Gymnastics Committee

Application to Conduct the Great Lakes Zone Gymnastics Championship

On this date _____, the _____ YMCA petitions the
Great Lakes Zone
Gymnastics Committee for approval to conduct the Great Lakes Zone Gymnastics
Championship to be held on _____

1. Briefly describe the local interest in having this competition in your community:

2. Is your YMCA prepared to assume all financial responsibility for conducting this
meet? Yes ___ No ___

3. List any Championship events conducted by your association in the past 5 years:

4. What facility will you use? _____ Provide
information on the following:

size of competitive area _____ # or restrooms

spectator capacity _____ Locker rooms _____ parking

accessibility

available lodging

area restaurants

5. Designate 3 key persons who will be responsible for the organization of this meet:

YMCA staff representative _____ phone

Host team coach _____ phone

Parent representative _____ phone

6. If this bid is accepted, the host agrees to abide by the rules and decisions of the Great Lakes Zone Gymnastics

Committee as stated in the Zone Constitution and the Zone Meet Guidelines. The host understands that

They will be working under the supervision and guidance of the Zone Meet subcommittee. All deadlines

must be followed. Yes, host agrees and understands _____ No _____
reason? _____

7. Please sign below indicating agreement:

YMCA Board Chairperson _____ YMCA staff

Executive Director _____ Coach

Parent representative _____

8. Mail this application to Zone Chairperson by September 1st