

**ADIRONDACK SWIMMING, INC.
SANCTIONED or APPROVED MEET BID FORM**

SHORT COURSE SEASON - SEPTEMBER - MARCH ... LONG COURSE SEASON - APRIL - AUGUST

Teams Hosting Meets in AD, MUST Have at Least 2 Registered and Current, Stroke & Turn Officials

Please enter all the information required below. Meet bids for the Short Course Season should be mailed (postmarked) no later than June 1st and for the Long Course Season, no later than February 1st. The completed bid form and a check payable to Adirondack Swimming, Inc. should be mailed to the AD Sanction Chair (see AD Web Site for current Chair). Bid forms for the Short Course Season postmarked after June 1st and bid forms for the Long Course Season postmarked after February 1st, will only be considered for dates not already bid for by those teams entering their forms on time.

A tentative schedule of meets will be posted on the Adirondack Swimming LSC Web Site at <http://www.adirondackswimming.org>
Follow the "MEETS" Tab from the main page and select the Season Schedule which applies.
This form can be used to request up to three meets for the Short Course Season or three meets for the Long Course Season

THIS FORM IS USED TO RESERVE DATES ONLY, ON THE AD MEET SCHEDULE

**Sanction or Approved Meet Requests Must be Submitted and Sanctions or Approvals Issued Before ANY Information pertaining to the meet is published. Please follow instructions provided on Sanction Request or Approval Request Forms.
Use This Form for up to Three (3) Meets.**

PLEASE PRINT ALL INFORMATION CLEARLY

Swim Team Name: _____

Short Course Meet Date (s): 1. _____ 2. _____ 3. _____

Long Course Meet Date (s): 1. _____ 2. _____ 3. _____

Swim Team Designated Contact Person: _____

Full Mailing Address: _____

E-mail: _____ Phone: _____

SHORT COURSE MEETS

Category	Meet 1	Meet 2	Meet 3
Meet Name			
Sanctioned or Approved	Sanctioned ____ Approved ____	Sanctioned ____ Approved ____	Sanctioned ____ Approved ____
Type (developmental, invitational, championship, other-specify)			
Date (s)			
Pool Facility/Location			
Number of Entries:	____ Per Day/Per Swimmer	____ Per Day/Per Swimmer	____ Per Day/Per Swimmer
Type of Facility:	Indoor ____ Outdoor ____	Indoor ____ Outdoor ____	Indoor ____ Outdoor ____
Pool Length	25Y ____ 25M ____	25Y ____ 25M ____	25Y ____ 25M ____
Depth of Pool at Starting Blocks			
Starting Block Height			
Timing Equipment:	Automatic ____ Manual ____	Automatic ____ Manual ____	Automatic ____ Manual ____
Age Groups	AM PM	AM PM	AM PM
*Entry Fee Per Individual Event			
*Entry Fee Per Individual Relay			
Meet Director Name			
Address			
City/State/Zip Code			
Phone (including area code)			
E-mail address			
Area provided for swimmers to rest?	Yes ____ No ____	Yes ____ No ____	Yes ____ No ____
Bid Fee – \$30-1 day meet, \$45-2 day meet - \$55-3 day meet	\$30 ____ \$45 ____ \$55 ____	\$30 ____ \$45 ____ \$55 ____	\$30 ____ \$45 ____ \$55 ____

Check Total for All Meets: \$ _____

Mail Form and Payment to the AD Sanction Chair

*Adirondack sets Maximum Event fees as follows; \$3.50 per event (\$3.75 if the Entire Meet is Positive Check-In) for non-championship meets, \$4.00 per event for championship (prelim/finals) meet events without finals and \$4.50 per event for championship (prelim/finals) meet events with finals, all relays \$6.00 per event and a surcharge of \$1.00 per swimmer per meet. All Manual (non-electronic) or Deck Entries are Subject to a \$1.00 Surcharge Per Entry, Individual or Relay.

LONG COURSE MEETS

Category	Meet 1	Meet 2	Meet 3
Meet Name			
Sanctioned or Approved	Sanctioned ____ Approved ____	Sanctioned ____ Approved ____	Sanctioned ____ Approved ____
Type (developmental, invitational, championship, other-specify)			
Date (s)			
Pool Facility/Location			
Number of Entries:	_____ Per Day/Per Swimmer	_____ Per Day/Per Swimmer	_____ Per Day/Per Swimmer
Type of Facility:	Indoor ____ Outdoor ____	Indoor ____ Outdoor ____	Indoor ____ Outdoor ____
Pool Length	50M	50M	50M
Depth of Pool at Starting Blocks			
Starting Block Height			
Timing Equipment:	Automatic ____ Manual ____	Automatic ____ Manual ____	Automatic ____ Manual ____
Age Groups	AM PM	AM PM	AM PM
*Entry Fee Per Individual Event			
*Entry Fee Per Individual Relay			
Meet Director Name			
Address			
City/State/Zip Code			
Phone (including area code)			
E-mail address			
Area provided for swimmers to rest?	Yes ____ No ____	Yes ____ No ____	Yes ____ No ____
Bid Fee – \$30-1 day meet, \$45-2 day meet - \$55-3 day meet	\$30 __ \$45 __ \$55 __	\$30 __ \$45 __ \$55 __	\$30 __ \$45 __ \$55 __

Check Total for All Meets: \$ _____

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