

# WHSPA/USAPL STATE CHAMPIONSHIP BID PROPOSAL

CHAMPIONSHIP TITLE: \_\_\_\_\_

PROPOSED DATES OF COMPETITION: \_\_\_\_\_

CITY LOCATION: \_\_\_\_\_

MEET DIRECTOR(S): (LIST ADDRESSES AND ALL CONTACT INFORMATION) IF MORE THAN 2  
DENOTE ADDITIONAL NAMES AND INFORMATION ON BACK OF THIS PAGE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL : \_\_\_\_\_

PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PHONE # \_\_\_\_\_

MEET DIRECTOR(S) BACKGROUND AND EXPERIENCE: (with coaching and hosting powerlifting  
meets)

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( is USAPL card included in entry fee? )

ENTRY FEES (ATHLETE ) \_\_\_\_\_

## AWARDS: DIVISIONS, WEIGHT CLASSES, PLACES, BEST LIFTER, TEAM

Divisions: \_\_\_\_\_

\_\_\_\_\_

Weight Classes:: Boys: \_\_\_\_\_

\_\_\_\_\_

Girls:: \_\_\_\_\_

\_\_\_\_\_

### Places:

Boys:: \_\_\_\_\_

Girls:: \_\_\_\_\_

Best Lifter Awards:: \_\_\_\_\_

\_\_\_\_\_

Team Awards:: \_\_\_\_\_

\_\_\_\_\_

### A. MEET SITE:

FACILITY NAME: \_\_\_\_\_

#### ACCESSIBILITY:

1. HIGHWAY ACCESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. DESCRIPTION OF VENUE:

(sq ft., bleachers, locker rooms, bathrooms, concession area, parking, etc...)

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**B. LODGING:**

MEET HOTEL(S):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Distance from Meet Site: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Room Rates: \_\_\_\_\_

Number of rooms willing to block: \_\_\_\_\_

MEET HOTEL(S):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Distance from Meet Site: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Room Rates: \_\_\_\_\_

Number of rooms willing to block: \_\_\_\_\_

MEET HOTEL(S):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Distance from Meet Site: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Room Rates: \_\_\_\_\_

Number of rooms willing to block: \_\_\_\_\_

**C. COMPETITION FACILITATION:**

**EQUIPMENT AND BACK UP EQUIPMENT:**

CompetitionSquat Racks:: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Competition Bench Presses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLATFORMS:**

How Many will be Used: \_\_\_\_\_

Dimensions: \_\_\_\_\_

Constructed of: \_\_\_\_\_

Covered with: \_\_\_\_\_

WEIGHTS / BARS & COLLARS: (Describe bar type, knurling and form of collars that will be used as well as the weight of the collars. How much weight will be available for each of the platforms and do you have enough weight trees to accomodate this weight?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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SCALES: Are they certified for that year? \_\_\_\_\_

Type to be used for pre weigh-ins: \_\_\_\_\_

Girl's weigh in: \_\_\_\_\_

Boy's weigh in: \_\_\_\_\_

LOCATION OF WEIGH INS:

Girls:: \_\_\_\_\_

Boys: \_\_\_\_\_

WARM - UP AREA:

Location: \_\_\_\_\_

Distance from Competition: \_\_\_\_\_

Number of warm up stations for Squat: \_\_\_\_\_

Bench Press:: \_\_\_\_\_

Deadlift:: \_\_\_\_\_

ANNOUNCERS / SOUND SYSTEM:

(Will you use a PA system, will there be one announcer per platform or one for every two platforms)

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EXPEDITING SYSTEM / PLATFORM MANAGEMENT:

Will there be a platform manager for each platform:

(oversees bar loading and rack height)

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Will overhead projectors be used for the order of the flights lifters?

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Will performance indicators be used to show the audience and coaches the weight currently being lifted at each platform?

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How will you set up your scorers tables?

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**SPOTTERS AND LOADERS:**

How many spotters and loaders will be available at each platform at all times? Do you plan to give them breaks throughout the sessions?

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**MEET PROGRAM:**

Do you plan to create a professionally printed program? Will you include all current State and American records?

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**D. DRUG TESTING:**

THE DRUG TESTING MUST BE CONDUCTED BY CERTIFIED USAPL REFEREES AS PER USAPL POLICY AT THAT TIME , GUARANTEEING AT LEAST A 10% DRAW FROM PARTICIPATING ATHLETES. THE COST OF THE DRUG TESTING IS INCURRED BY THE MEET DIRECTOR(S)

**E. NUMBER OF REFEREES / NATIONAL REFEREES**

**AVAILABLE:**

How many referees do you plan to have on hand for each of your competition platforms? What do you plan to offer the referees for their service?

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NOTE: At least 3 Nationally certified referees must be present for American records to be set

**F. MEDICAL FACILITIES:**

**ON SITE PROVIDERS:**

Will an athletic trainer be available as well as access to ice ?

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**AREA HOSPITALS:**

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## G. AUDIENCE ACCOMMODATIONS:

ADMISSION FEE:

DAILY: Adult \_\_\_\_\_ Child \_\_\_\_\_ Senior Citizens \_\_\_\_\_

( 2 Day Pass if desired ) \_\_\_\_\_

WILL COACHES AND ATHLETES BE GIVEN WRISTBANDS?

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REFRESHMENT AVAILABILITY:

How will you handle refreshments/concessions for the general public? For your Meet workers and Officials? For the Coaches?

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MEET T-SHIRT, OTHER SOUVENIR ITEMS:

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**I. RESTAURANTS:**

LIST FAST FOOD LOCATIONS IN THE LOCAL COMMUNITY:

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**J. MEETING ROOMS:**

LIST HOW YOU PLAN TO ACCOMMODATE FOR THESE NEEDS:  
REGISTRATION OF ATHLETES:

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EQUIPMENT CHECK AND WEIGH-IN:

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RULES MEETING:

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DRUG TESTING:

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