

## Pacific Association Youth Cross Country 2011 Meet Bid Application



**Instructions:** Clubs interested in hosting a 2011 youth cross country meet please complete the following application and submit it along with:

- a copy of your application submitted to use the facility
- copies of course maps for all race distances
- a copy of your USATF sanction submitted to Pacific Association
- a deposit check of \$100, payable to Pacific Association

Submit completed forms via email or mail to:

David Bayliss, <u>davidbayliss@yahoo.com</u>, 1680 Saint Norbert Drive, Danville, CA 94526

| CONTACT INFORMATION   |            |            |           |                                    |            |  |                 |                   |          |  |
|---|------------|------------|-----------|------------------------------------|------------|--|-----------------|-------------------|----------|--|
| Application Date  | Club Name  |            |           |                                    |            |  |                 |                   |          |  |
| Head Coach Cell Pho   |            | 'hone      |           | Work Phone                         |            |  | Home Phone      |                   |          |  |
| Email   |            |            |           |                                    |            |  |                 |                   |          |  |
| Address   |            |            | City      | City                               |            |  | State           |                   | Zip Code |  |
| Additional Contact Person   |            | Cell Phone |           |                                    | Work Phone |  |                 | Home Phone        |          |  |
| Email   |            |            |           |                                    |            |  |                 |                   |          |  |
| Address   |            |            | City      |                                    |            |  | State           |                   | Zip Code |  |
| FACILITY INFORMATION  |            |            |           |                                    |            |  |                 |                   |          |  |
| Facility Name   |            |            |           |                                    |            |  |                 |                   |          |  |
| Address   | City       | 1          |           | State                              |            |  | Zip Code        |                   |          |  |
| Administrative Contact Name Phore   |            |            | one Numb  | ne Number                          |            |  | Email           |                   |          |  |
| Address   | dress City |            |           | State                              |            |  | Zip Code        |                   |          |  |
| Brief description of facility as it relates to hosting a youth cross country meet                       |            |            |           |                                    |            |  |                 |                   |          |  |
|   |            |            |           |                                    |            |  |                 |                   |          |  |
|   |            |            |           |                                    |            |  |                 |                   |          |  |
|   |            |            |           |                                    |            |  |                 |                   |          |  |
|   |            |            |           |                                    |            |  |                 |                   |          |  |
| Date(s) you want to host a meet (please list in order of preference)                                    |            |            |           |                                    |            |  |                 |                   |          |  |
| Race distances:  2K 3K 4K 5K Other Please describe any special races: relays, combined age groups, etc. |            |            |           |                                    |            |  |                 |                   |          |  |
|   |            |            |           |                                    |            |  |                 |                   |          |  |
| Entries:  Day of meet  Online  Timing:  |            |            | ∃ Hand T  | Hand Timing   Automatic  Lead Bike |            |  | d Bike [        | e 🗆 Trailing Bike |          |  |
| # Course Marshalls # Finish Line I  |            |            | e Helpers | Helpers # Registration P           |            |  | People # Timers |                   | 3        |  |
| On-site Medical to be provided by   |            |            |           | Phone Ema                          |            |  | Email           | ail               |          |  |