

Michigan Swimming Meet Scheduling Request

Send to:

David Brace
1550 Beechwood St
Monroe, MI 48162
(651)263-6729 cell
dbrace@charter.net

Deadline for ~~upcoming~~ LCM Season: December 1
Skeleton schedule available no later than Nov. 1
Deadline for ~~upcoming~~ SCY Season: June 1
Skeleton schedule available no later than May 1

Scheduling Process guidelines

1. All requests must be submitted in writing to Program Operations using **this** the “Meet Scheduling Request” form. A confirmation **e-mail** of request will be sent within **one** ~~two~~ weeks.
2. ~~A skeleton schedule for the upcoming season will be available by the deadlines so teams can determine what weekends to request.~~
3. Awarding of meets
 - a. ~~The Meet Scheduling Committee determines~~ **the meet schedule using the guidelines published in the Michigan Swimming Rules and Procedures page 62. The meet schedule is considered tentative until approved by the Michigan Swimming Board of Directors** ~~all awarded meets and the decision is final.~~
 - b. ~~The committee uses the following factors when awarding meets:~~
 - i. ~~History of club hosting meets~~
 - ii. ~~Quality of facilities~~
 - iii. ~~Co-hosting of meets~~
 - iv. ~~First, second and third choices~~
 - c. Awarded clubs will be notified by Program Operations via e-mail.
 - i. **Meet** Contracts will be sent to clubs hosting State Championship Meets and must be returned within 14 days.
4. Meets outside of the published schedule
 - a. **Every effort should be made to request meets according to the guidelines above. Meets requested outside of the normal process place an undue administrative burden on many people.**
 - b. **Requests must be submitted no later than 45 days prior to the start of the meet.**
 - c. After the meet schedule has been determined, all other clubs requesting a sanction or approval must be approved by program operations, **and the meet committee, and the Michigan Swimming Board of Directors.** ~~after consultation with clubs hosting meets.~~
 - i. Teams requesting meets outside of the **published** schedule should submit in writing the reason(s) for request.
5. Sanctions **and** ~~ing~~ Approvals
 - a. YMCA
 - i. **Cost is \$250, payable to Michigan Swimming prior to the meet.**
 - ii. Michigan Swimming will **issue an “Approval” of** ~~approve~~ YMCA meets at the state level and above.

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- iii. Requests must be submitted no later than 45 days prior to the start of the meet.
 - b. **USAS Club Intersquad Open and Closed Time Trial/Meet** A sanction request for closed invitationals between USA clubs can be submitted to be sanctioned by Program Operations.
 - i. Can be requested as “Sanctioned” or “Approved”.
 - ii. Normal Michigan Swimming fees and procedures apply. Cost for a closed invitational sanction is \$75. No other fees apply.
 - iii. Meets can be closed, such as a dual or tri meet. All swimmers must be attached to the invited clubs. All swimmers must be USA registered.
 - iv. Meets can be open to all clubs.
 - c. ~~Intersquad~~ **USAS Club Intrasquad Closed Time Trial**
 - i. Can be requested as “Sanctioned” or “Approved”.
 - ii. Cost is \$75, payable to Michigan Swimming prior to the meet.
 - iii. Only swimmers attached to host club may participate.
 - d. High school, middle school and YMCA dual meets are not eligible for Approval or Sanction.
 - i. ~~Exception: High school state meets are observed and put into the SWIMS database.~~
 - e.
- 6. Sanction/Approval requests**
- a. ~~To be published on the MS Meet Schedule, forms must be submitted by the deadlines.~~
 - i. ~~Meet announcement must be received by Program Operations 60 days prior to meet for sanctioning.~~
 - b. ~~All other requests must be received 75 days prior to competition.~~
 - c. ~~Requests received later than 75 days prior to competition will be evaluated by Program Operations.~~
 - d. ~~All fees associated with sanctioned meets apply according to MS rules except for closed invitationals.~~
 - e. ~~Approved meets require a \$250 fee payable to MS. No other fees apply to approved meets.~~
 - f. In accordance with USA Swimming rule 202.4.10, for Approved meets, “In granting this approval it is understood and agreed that USA Swimming shall be free and held harmless from any liabilities or claims for damages arising by reason of injuries to anyone during the conduct of the event.”

Contact information to be listed in published meet schedule:

Club: _____ Club Code: _____

Contact Person: _____

Address: _____

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City/State/Zip Code: _____

Phone Number: _____

Home Phone: _____ Work Phone: _____ Fax: _____

E-mail Address: _____

Meet Classification

☐ Sanctioned ☐ Approved ☐ Observed (See MS web site under Meet Forms)

Dates	Meet Format	Not more than one entry per column Enter facility name in box		
		1 st Choice	2 nd Choice	3 rd Choice

Dates: _____ Format: _____ Location: _____

Please describe the swimming pool facility you will use for this meet:

Name of facility _____ City _____

Length of pool: _____ yards/meters Number of lanes: _____

Depth: At start end: _____ feet _____ inches At turn end: _____ feet _____ inches

Does the facility have a separate warm-up/warm-down area? ☐ Yes ☐ No

Describe warm-up/down area: _____

Seating Capacity _____ Bather Capacity _____ Deck Capacity _____

☐ Emergency Action Plan must be submitted with this request.

Please sign (or initial if filing electronically) and return this request indicating your acceptance of the following conditions.

By returning this request you understand and agree that failure to satisfy these conditions may result in loss of privilege in the next year's bidding process, fines, and/or penalties determined by the Board of Review.

- Our club will host the meet format described above on the specified dates.
- Our club will host the meet in the swimming pool facility described above. If, for any reason, this facility becomes unavailable, we understand our obligation to contact Program Operations for approval of alternate facility.
- Our club agrees to observe all applicable USA Swimming and Michigan Swimming rules.

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- The Meet Director(s) and Meet Safety Marshall will be members of **USA Swimming MS**.
- **Our club will** attend a meet directors workshop if offered.

Print Name_____ Sign (or Initial)_____

Date_____

Please submit to David Brace at dbrace@charter.net, or

1550 Beechwood St.

Monroe, MI 48162.

Check list:

1. _____ 6 months to 1 year ~~Secure a facility for possible weekends~~
2. _____ Submit Scheduling Request
 - a. ~~By deadlines to be included in MS Meet Schedule~~
 - b. ~~75 Days prior to competition for all other requests~~
 - c. ~~Fill out form completely!~~
3. _____ 60 days prior ~~Send a Meet Announcement to Program Operations~~
 - a. ~~Margaret Green Mlanegreen@aol.com~~
4. _____ 5 days prior ~~Send a Meet Manager back up to the MS Office—Jan Cartmill~~
~~jbcartmill@hughes.net~~
5. _____ 3 days after meet ~~send results to the MS Office and Program Operations~~
 - a. ~~Meet Manager Back-up file~~
 - b. ~~Hy Tek Team Manager Results Import File (.CL2)~~
 - c. ~~Hy Tek Results HTML File (.htm)~~
6. _____ 30 days after meet
 - a. ~~Send Meet Summary form to MS Treasurer~~

Program Operations Co-Chairs contact info:

David Brace
651-263-6729
dbrace@charter.net

Margaret Green
313-418-0301
Mlanegreen@aol.com