

APPENDIX 2-B

REQUEST FOR "OFF THE PUBLISHED MEET SCHEDULE" **CLOSED SANCTIONED MEET**

MS Clubs should use this Form to submit bids for an "Off the Published Schedule Closed Sanctioned Meet". This would typically include Dual, Tri, Quad meets or small closed Invitationals between USA Clubs. No Intrasquad type of meet/event (all members of just one club) will be Sanctioned.

All participants must be current USA athletes. All participating Clubs must be current USA Clubs.

This request is first submitted directly to Program Operations and then submitted directly to the Board of Directors for a decision by the Board of Directors by majority vote. Every effort should be made to submit this request within the time frame as established for the Published Meet Schedule (i.e for a SCY meet – by June 1, for a LCM meet – by Dec 1) as meets requested outside the Published Schedule place an undue burden on many people. A request may be submitted at any time, however, no later than 30 days before the start of the meet. The Board of Directors, by majority vote, can waive the 30 day requirement if the circumstances so warrant.

A separate narrative clearly indicating why the Sanction is being requested must be attached. INCLUDE ALL RELEVANT INFORMATION YOU WISH TO BRING TO PROGRAM OPERATION'S AND THE BOARD OF DIRECTOR'S ATTENTION REGARDING WHY YOU FEEL THIS REQUEST SHOULD BE GRANTED.

COST:

Fees for participating in and attending these types of meets are to be decided between meet host and the attending clubs.

Flat fees to MS, Inc:

Dual (two USA Clubs) - \$200

Tri (three USA Clubs) - \$300

Quads (four USA Clubs) - \$400

Small Invitationals (5- 7 USA Clubs) - \$1,000

Date(s): _____

Format: _____

Teams attending: _____

Describe the 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/down area? _____ Yes _____ No

Describe warm-up/down area:

Seating Capacity _____ Bather Capacity _____ Deck Capacity _____

Meet Host Contact information:

Club: _____ Club Code: _____

Meet Director/Club Contact Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

☐ **(Check) EAP**

(Emergency Action Plan for the facility must be on File with LSC Safety Coordinator)

*****ATTACH REASON WHY THIS MEET IS BEING REQUESTED*****

Print Name: _____

Phone #: _____

Program Operations Contact Information can be found on the MS Website:

<http://www.miswim.org>

Program Operations will forward this request to the Board of Directors ASAP long with a recommendation from Program Operations. You will be informed of the decision as soon as possible.