



*BlazeSports Boccia
Technical Committee*

Application to Host National Championship



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1. Local Organizing Committee (LOC)

Contact Details	
Organization Name	
Address	
Address	
City	
State	
Zip	
Contact Person	
Title	
Phone	
Home Phone	
Cell Phone	
Fax	
Email	
Website	

2. Bid Year

Bidding for the following year(s):	
Indicate your interest in bidding on Nationals for each of the years listed and indicate your selection in order of preference.	2015 YES <input type="checkbox"/> NO <input type="checkbox"/> _____ choice
	2016 YES <input type="checkbox"/> NO <input type="checkbox"/> _____ choice
	2017 YES <input type="checkbox"/> NO <input type="checkbox"/> _____ choice
	2018 YES <input type="checkbox"/> NO <input type="checkbox"/> _____ choice

*Note: BlazeSports America is interested in securing bids for the next several National Championships. If you are interested in bidding but feel you may not be ready for hosting an event in 2015, indicate what year you are interested in.

3. Registration Fee & Budget

3.1. Registration Fees

Registration Fees			
Registration Fee	\$		
Does fee include:			
Meals	YES <input type="checkbox"/>	NO <input type="checkbox"/>	EXTRA FEE <input type="checkbox"/>
Banquet	YES <input type="checkbox"/>	NO <input type="checkbox"/>	EXTRA FEE <input type="checkbox"/>
T-Shirt	YES <input type="checkbox"/>	NO <input type="checkbox"/>	EXTRA FEE <input type="checkbox"/>
Athlete Pack (Goodie Bag)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	EXTRA FEE <input type="checkbox"/>
Transportation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	EXTRA FEE <input type="checkbox"/>
Lodging	YES <input type="checkbox"/>	NO <input type="checkbox"/>	EXTRA FEE <input type="checkbox"/>
Please describe any other items the registration fee covers.			

3.2. Budget

Proposed Budget	
Total Budget	\$
You must attach a complete and detailed budget.	

4. Competition Venue

4.1. Venue Details

Venue Details	
Competition Venue	
Address	
Address	
City	
State	
Zip	
Contact Person	
Title	
Phone	
Emergency phone	
Fax	
Email	
Website	

4.2. Location and Amenities

Venue: Distances and Amenities		
Name of primary airport		
What is the distance from the venue to the primary airport?	Miles	
Distance from Host Hotel?	Miles	
Distance from local restaurants, shopping, etc?		
How large is the secure storage area?	Ft ²	
How many accessible toilets?	Male	Female
How many accessible showers?	Male	Female
Is there a lounge area for athletes?		
Will there be onsite concessions?		
Will there be a separate lounge/changing area for officials?		
Describe first aid/medical facilities or general medical plan.		
Indicate which of the following will be available on site for use by events staff	Copier <input type="checkbox"/> Computer <input type="checkbox"/> Printer <input type="checkbox"/>	

4.3. Field of Play

Venue: Field of Play	
Type/Material of Floor	
Condition of Floor	
Is the competition area climate controlled? Is there air conditioning?	
What type of lighting is in the facility?	
Will you have use of a public address system?	
Describe the spectator seating and viewing areas.	

4.4. Usage

Venue: Use Prior & During Competition	
Will the competition have exclusive use of the facility for the duration of the competition?	
If no, please describe.	
Will there be access to the facility prior to the competitions for training?	
Will the floor be in a competition ready state?	

* Note: The facility set up must take place at least 8 hours before the start of the competition.

4.5. Venue Specific Provisions

Venue Specific Provisions	
Number of Competition Courts*	
Number of Warm Up Courts*	
Describe space (including size) designated for the Command Center	
Describe space (including size) designated for Classification . <i>This space is needed the day before competition starts</i>	
Describe space (including size) designated for the Call Room <i>(at least 500 square feet)</i>	
Describe space (including size) designated for the Officials' Hospitality Room	
Describe space (including size) designated for the Players' and Coaches' Hospitality Room	

*Note: the facility must be able to accommodate 10 competition courts and at least 2 practice courts.

4.6. Equipment Specific Provisions

Equipment Specific Provisions	
Confirm you will provide a minimum of six competition sets of Boccia balls	
Describe the timing/scoring equipment to be used. <i>(Equipment must be approved by Technical Delegate)</i>	
Describe the competition support equipment to be used and the source of the equipment. <i>(Refer to LOC section of Equipment list in the "Planning for Nationals" attachment)</i>	

Note: BlazeSports does have a supply of equipment that may be available to the LOC.

5. The Event

5.1. Event Details

Event Details	
Location of Event	
City	
State	
Event Dates	
Start	
Finish	
Opening Ceremony	
Closing Ceremony	
Banquet/Awards	
<i>Please describe awards you are planning to present in the following divisions:</i> <i>Individual</i> <i>Pairs</i> <i>Team</i> <i>Junior (if offered)</i> <i>Open (if offered)</i>	

5.2 Competition Dates

Competition Dates	
Arrival/Departure	
Head Referee	Arrive: Depart:
Classification Coordinator	Arrive: Depart:
Referees	Arrive: Depart:
Classifiers	Arrive: Depart:
Teams	Arrive: Depart:
Dates of Classification	Start: Finish:
Training Days (pre-competition)	Start: Finish:
Registration Day	
First Day of Competition	
Last Day of Competition	
What time can competition start?	
What time can competition end?	

6. Officials

Officials	
How many referees do you as the LOC have locally? (<i>plan on needing at least 14 referees</i>)	_____ certified _____uncertified
Date and location of the Referee Education Course prior to the competition?	
Indicate which of the following officials maybe available locally	_____ Competition Coordinator _____ Head Referee _____ Classifier(s)

7. Volunteers

Volunteers	
What are your plans to recruit volunteers for this event?	
Will you host a Volunteer Training Session prior to the competition?	
Proposed dates for Training Session	

*Note: Volunteer needs: 2 people per court per game
2 additional people to work the call room.

8. Accommodation

8.1. Proposed Accommodations

Proposed Accommodations			
Hotel	Motel	University	Other
YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
If other, please describe here:			

8.2. Accommodation Facilities

Accommodation Facilities				
	Hotel	Motel	University	Other
Distance from airport	Miles	Miles	Miles	Miles
Number of stars the accommodation has been rated				
Are meals included in the price of accommodation?				
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accommodation Facilities				
Can special diets be accommodated?				
# Accessible rooms?				
Do the accessible rooms have a roll in showers or tub?				
Number of elevators				
How many restaurants on site?				
Are there laundry facilities?				

8.3. Accommodation Details

Accommodation Details	
Official Accommodation	
Rate	\$
Address	
Address	
City	
State	
Zip	
Contact Person	
Title	
Phone	
Fax	
Email	
Website	
Secondary Accommodation	
Rate	\$
Address	
Address	
City	
State	
Zip	
Contact Person	
Title	
Phone	

Fax	
Email	
Website	

9. Meals

Meals	
What meals are included with the registration fee?	Where will it be served?
Breakfast <input type="checkbox"/>	
Lunch <input type="checkbox"/>	
Dinner <input type="checkbox"/>	

10. Travel and Transportation

Transportation Details			
What type of transportation is available?			
Accessible Coach	Rental Cars/Vans	Free Shuttle	Other
YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
Are transportation costs to and from the airport to the accommodations included in the registration fee?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are transportation costs to and from the venue to the accommodations included in the registration fee?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

11. Medical Arrangements

Medical Arrangements	
Name and details of the nearest hospital to the accommodation site(s) that has Emergency care.	
Distance from Accommodations	
Name and details of the nearest hospital to the competition venue that has Emergency care.	
Distance from Venue	

12. Insurance

Insurance
Please indicate what type of insurance arrangements will be in place. <i>A copy of a certificate of insurance, naming Blaze Sports America as an additionally insured, must be in place 21 days after the bid has been awarded.</i>

13. Meetings

Are you able to accommodate meetings		
BlazeSports Boccia Technical Committee Meeting	YES <input type="checkbox"/> NO <input type="checkbox"/>	Hotel <input type="checkbox"/> Venue <input type="checkbox"/>
Coaches' Meeting	YES <input type="checkbox"/> NO <input type="checkbox"/>	Hotel <input type="checkbox"/> Venue <input type="checkbox"/>
Athlete's Meeting	YES <input type="checkbox"/> NO <input type="checkbox"/>	Hotel <input type="checkbox"/> Venue <input type="checkbox"/>

14. Supporting Documents

Please feel free to include any additional information that will help to strengthen your bid. Example materials would include venue photos, letters of support from partner organizations, community groups, local government, etc.

15. Technical Committee Review

The BlazeSports Boccia Technical Committee will review all applications and reserves the right to make inquiries into each bid, including site visits, prior to and after awarding the event to an LOC.

Please send all completed applications to before July 1, 2014:

BlazeSports America - USA
Attn: Jeff Jones
535 N. McDonough Street
Decatur, GA 30030
Email: jjones@blazesports.org
Office: 404-270-2036