



Pre Meet Information Sheet

2231 Madison Street, Suite H
Clarksville, TN 37043
800-674-MEET
chelsey@meetauthority.com

Competition & Facility Information

Name of Competition: _____
Dates of Competition: _____
Name of Meet Facility: _____
Address of Facility: _____
Legal Business Name Stated in Contract: _____
Expected Size of Competition: (# of Athletes): _____ (# of Competition Gyms): _____

Host Information

Name of Host: _____
Is Host a Parents Club: Yes No
Address of Host Club: _____

Email of Host: _____
Work Phone: _____
Cell Phone: _____

Main Contact/ Contract Signatory Information

Name of Main Contact: _____
Email of Main Contact: _____
Cell Phone of Main Contact: _____
Name of Contract Signatory: _____
Job Title/ Meet Job Title: _____
Email of Contract Signatory: _____
Cell Phone of Contract Signatory: _____

Requested Services

If MAP has provided services for your meet the previous year, would you like the same services?

Sanction Administrator: **Yes** **No** **Maybe** Scoring: **Yes** **No** **Maybe**
Sound: **Yes** **No** **Maybe** Awards: **Yes** **No** **Maybe**
Competition Equipment: **Yes** **No** **Maybe**