

2018

SOUTHERN EASTERN GREAT LAKES COUNCIL

APPLICATION TO HOST COMPETITION INSTRUCTION SHEET

1. Please fill out all parts of the application. If an area is not pertinent to your competition note Not Applicable. Do not leave blank.
2. If you have any questions regarding filling out the application, please email me: holskate@aol.com or call me at (260) 486-1910. I will answer emails and messages within 48 hours.
3. If an area can't be filled out at the time you are applying, please explain why you are unable to obtain information and when we can expect the same information. Also, if you have preliminary information, please note the same and when you will have the final information. Ex: hotel information, etc.
4. No applications will be accepted after the deadline date noted on the SEGL web page where you obtained the application.
5. We are accepting applications for the next 2 years. If you are able to apply for both years, please fill out 2 applications.
6. Email application(s) to both: Holly Jinks (Competition's Chair), holskate@aol.com and Pam Pangle (President), ppangle@aol.com.

2018

APPLICATION FOR ORGANIZING AND HOSTING

The Southern Eastern Great Lakes Figure Skating Council Competition

Club Information: _____

Address: _____

List any competitions hosted in the past 5 years:

1) _____

2) _____

3) _____

4) _____

If awarded, will this competition be managed by the host club only? (Yes) (No)

If not, please explain:

Why does your club want to host this competition? Is the club willing to include National Solo Dance, Theater on Ice, and/or Synchronized Skating? If not, please explain.

Has your club participated in previous SEGL competitions?

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Host City Information

Proposed Dates of Competition: _____

Name of City: _____

Venue Information:

ITEM DESCRIPTION	Competition/Practice Arena(s)
Name of Arena	
Address of Arena	
Contact Name	
Telephone Number	
Email Address	
Cost of Ice/Hour	
# of Ice Surfaces Available/Secondary Competition Surface	
Ice Surface Size	
Seating Capacity (all surfaces)	Main Venue: Secondary Venue:
# of Zambonis	
# of Dressing Rooms	
# of Function Rooms Available	
Is an existing medical/training room available for use during the events and practice ice?	
Does arena have a restaurant available and open during competition?	
Can food and/or beverages be brought in?	
Is there free parking? How many parking spaces available for event staff?	
Can merchandise be sold according to USFSA specifications?	

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Item Description	Competition/Practice Arena(s)
Is there space in the main/secondary events for USFSA officials, etc., to be seated rinkside with clear views of the ice surface?	
Please attach arena diagrams showing ice entrances/exits, Zamboni entrances, etc.	
Is there a space for the accounting personnel that is quiet and away from nonessential people? How far from the judging area?	

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HOTEL INFORMATION:

Item Description	Official Hotel	Secondary Hotel	Tertiary Hotel
Hotel Name:			
Address:			
Contact Name: Telephone Number: Email Address:			
# of rooms available			
# of complimentary rooms			
Proposed rate(s)			
Are rates guaranteed?			
# of available meeting rooms/cost?			
Complimentary or paid parking? Cost?			
# of restaurants at hotel or nearby			
Type of menus/price range			
Hours of operation			
Will hotel offer group rates? Block rooms?			

Please provide an area map showing venue location(s), hotels and nearby restaurants.

Please include a listing of available additional hotels (if the official hotels do not provide a sufficient number of rooms.

Please attach a copy of the official hotel(s) contract information.

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TRANSPORTATION INFORMATION

Name of nearest airport	
Major airlines serving area	
Distance to proposed hotels from airport	
Is transportation available from airport? If so, what is the cost?	
Will complimentary transportation be provided for arrival & departure of officials?	
Distance to competition arena from airport?	
Distance to competition arena from hotel?	
Will a shuttle system be provided between hotels and venues?	
Is there a potential traffic problem getting between the hotels and venue?	

GENERAL INFORMATION

- 1) Please present the reasons why the Southern Eastern Great Lakes Figure Skating Council should be award this competition to the applicant club(s)?
- 2) Please attach a proposed LOC organizational chart including, if planned, outside organization involvement.
- 3) Please attach the resume(s) of the proposed chair(s).
- 4) Please complete the "Preliminary Budget Form".
- 5) If selected, the host/organizers must sign an Agreement to Host between the host/organizers and SEGL.

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PRELIMINARY INCOME BUDGET

(Preliminary Income Budget due within 2 weeks of end of competition)

Item	Income
Entry Fees	
Practice Ice Fees	
Admissions	
Vendor Fees/Commissions	
Program Sales (Net)	
Program Advertising	
Merchandise/Souvenir Sales (Net)	
Sponsors (if applicable, please list)	
Concessions (if applicable)	
Miscellaneous Income	
Total	

FINAL EXPENSE REPORT

(Final Report, include Final Income information - due within 6 weeks of competition date)

ITEM	EXPENSE
Officials	
Travel	
Lodging	
Meals	
Gifts	
Facilities Costs (Please include rentals and labor)	
Competition Arena(s)	
Practice Rinks	
Carpentry (Judges' Stand)	
Dressing of Arena	
Signage	
Shipping Costs	
IJS Equipment	
Medals & Trophies	
Miscellaneous (Please list)	
Printing/Postage Costs	
Marketing/Promotional Materials	
Programs	
Tickets	
Accrediting Credentials	
Registration	
Technical	
Computers	
Copier/Fax Equipment	
Communications Equipment	
Furniture Rental	
Power/Phone/Internet Lines	
Office Supplies (Paper, Pencils, Pens, etc)	
Miscellaneous (Please List)	
Marketing	
Advertising/PR/Promotions	
Creative/Logo Development	
WEB site/Internet	

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FINAL EXPENSE REPORT CONT.

Hospitality	
Arenas	
Hotels	
Special Events	
Official's Dinner	
Competitor's Party	
Competitor's Gift	
Transportation	
Automotive	
Shuttle	
Fees	
Entry-Eeze	
Medical	
Personnel	
Supplies	
Volunteers	
Uniforms (Tees, etc)	
Miscellaneous	
Awards	
Medals & Trophies	
Flowers & Gifts	
Engraving	
Miscellaneous (Please List)	
Total Expenses	
Net Revenue (Less Expenses)	
Proposed Distribution	
Host Club	
Other Host Organizations	
SEGL	

The Southern Eastern Great Lakes Figure Skating Council Competition

This application was prepared by:

Name _____

Address _____

Daytime Phone (____) _____

Evening Phone (____) _____

Email Address: _____

Signature of Preparer _____

(Please Print Name Below)

**This application meets with the approval of the Board of Directors of the Applicant Club(s) or Inter-Club Association and Applicant is willing to submit further information upon request.*

Club President Signature _____

(Please Print Name Below)

PLEASE EMAIL APPLICATION TO: holskate@aol.com (Holly Jinks, Competitions Chair SEGL) and ppangle@aol.com (Pam Pangle, President SEGL)