

BID FORM
TO ORGANIZE AND CONDUCT
EUROPEAN OR INVITATIONAL
SINGLE-SPORT COMPETITIONS

Special Olympics



THIS BID FORM MUST BE ACCOMPANIED BY A COMPLETED SPORT-SPECIFIC BID QUESTIONNAIRE.
PLEASE SUBMIT FORM AND QUESTIONNAIRE TO YOUR REGIONAL LEADERSHIP COUNCIL,
BY THE DEADLINE ESTABLISHED BY THE COUNCIL

General Information

Date of submission of this proposal _____

Name of person submitting proposal _____

- Organization represented : Special Olympics _____ or,

Other organization _____

- Position in organization _____

Proposed competition name (*sport*) _____

Proposed location : *city/town, state, country* _____

Proposed dates : *month and year* _____

Alternative dates : *month and year* _____

Statement of Commitment by the Games Organizing Committee

If the competition proposed in this Bid Form receives the endorsement of the Regional Leadership Council and the Sanction of Special Olympics, Inc., the Games Organizing Committee will :

1. Adhere to the Special Olympics Mission and Philosophy, and Official Special Olympics Sports Rules;
2. Comply with all Policies as set forth in Article I of the Official Special Olympics Sports Rules;
3. Operate in concert with the Accredited Special Olympics Program operating in the jurisdiction of the Competition.

Signature, Chair, Bid Committee/Games Organizing Committee

Signature, Board Chair/President, Special Olympics Program

Participants

1. Number of Special Olympics Accredited Programs to be invited ____
PLEASE ATTACH A LIST OF ALL PROGRAMS TO BE INVITED
2. Total number of athletes _____
By sports:
3. Athlete distribution by Accredited Programs
athletes / Host Program _____
athletes / other Programs _____

(Note : Coach:Athlete ratio must be in accordance with the Special Olympics General Rules)

Games Organizing Committee

Name of competition director : _____
Position : _____
Experience in organizing
this type of competition : _____

If known at this time : list any other key persons on Games Organizing Committee, their prospective roles, and relevant experience :

<i>(Name)</i>	<i>(Responsibility for this event)</i>
<i>(Experience in organizing this type of competition)</i>	

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| | _____ | |
| 2. | _____ | _____ |
| | _____ | |
| 3. | _____ | _____ |
| | _____ | |
| 4 | _____ | _____ |
| | _____ | |

Sports Venue(s)

1. Name of venue _____

City / Town _____

Venue manager / contact person _____

List any similar events (Special Olympics or other organization) which have been organized at this venue

2. Name of venue _____

City / Town _____

Venue manager / contact person _____

List any similar events (Special Olympics or other organization) which have been organized at this venue

3. Name of venue _____

City / Town _____

Venue manager / contact person _____

List any similar events (Special Olympics or other organization) which have been organized at this venue

Housing and Meals

Describe type of lodging available

Distance from competition venue(s) _____km

If applicable : describe transportation to be used between lodging and venue(s)

Where will meals be provided ? breakfast : _____
lunch : _____
evening meal : _____

Special Events

List any special events which you may organize

Families

List any activities and / or potential family involvement

Volunteers

Approximate number of volunteers needed : _____

How will volunteers be recruited? Trained? _____

Cooperation with National Sports Federation(s)

Athlete Leadership Program

Healthy Athletes Program

Budget

Please indicate currency. If figures are in local currency, please indicate exchange rate to USD _____

PROJECTED EXPENSES: _____

PROJECTED SOURCES OF FUNDING

Businesses	_____
Government	_____
Fund Raising events	_____
other Service Clubs, Private sponsors	_____
.....	_____
.....	_____

NOTE : All on-site costs for each delegation must be covered by the Host Program, and the maximum number of persons per delegation will be established by the host. Athlete-coach ratio should conform to Special Olympics General Rules policy.

Sponsors

Please list any potential sponsors :

Name _____	Cash amount (or) in-kind _____
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Name _____	Cash amount (or) in-kind _____
Name _____	Cash amount (or) in-kind _____

Schedule

Please attach a proposed general schedule for the event.

Day 1

Day 2

Day 3

Day 4

Day 5