

## BID FORM

# TO ORGANIZE AND CONDUCT

EUROPEAN SINGLE-SPORT

COMPETITIONS

THIS BID FORM MUST BE ACCOMPANIED BY A COMPLETED SPORT-SPECIFIC BID QUESTIONNAIRE.

PLEASE SUBMIT FORM AND QUESTIONNAIRE TO REGIONAL SPORTS OFFICE AND

CTAC (COMPETITION TRAINING AND ADVISORY COMMETTEE), BY ESTABLISHED DEADLINE

***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

1. 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 :

 *(Name) (Responsibility for this event)*

 *(Experience in organizing this type of competition)*

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

 Name Cash amount (or) in-kind

 Name Cash amount (or) in-kind

 Name Cash amount (or) in-kind

 Name Cash amount (or) in-kind

***Schedule***

 Please attach a proposed general schedule for the event.