

Request for WACPC Host Site

School:
Address:
Phone:

Contact Person:
Phone Number:
E-Mail:

Athletic Director:
Athletic Director Contact Information:

Our school is interested in hosting

Cheer Regional Only Dance Regional Only Either
(please choose one)

Gymnasium Capacity

Seating capacity of the gymnasium must be at least 1500
Seating capacity of gymnasium _____

Regional Dates

Dance Regionals January 28, 2012, January 26, 2013
Cheer Regionals TBA

Available dates in January/February 2012 & 2013 (Saturdays): _____

Location & Access

Please list major highways near your school and distance from these highways

Please indicate access and distance of area hotels

Parking

Number of spectator parking spaces _____

Do you have an area to park busses YES NO

Appx. How many busses would this area hold _____

Below is a list of equipment, facilities and services typically utilized during a WACPC competition. Please indicate the availability of each and any anticipated charges:

NEED	AVAILABILITY	ESTIMATED COST
Practice Area (additional mats available?)	YES NO specify:	
Classrooms (used for changing, storing bags, etc.)	YES NO (number available:)	
If no classrooms, other areas for team storage?	YES NO	
Secure area to lock money	YES NO	
Access to Cafeteria/Kitchen	YES NO	

NEED	AVAILABILITY	ESTIMATED COST
Large capacity copier	YES NO	
Internet access availability	YES NO	
Computer Printer availability (will need to be set up in gym at score table)	YES NO	
Custodial Services	YES NO	
Mats (Cheer only) (54'x42' cheer mats or 54'x42' spring floor for all star competition)	YES NO	
Sound System (CD player, speakers, microphone) (suitable for capacity crowd)		YES NO
Athletic Trainer	YES NO	
Misc. "day of" workers (hall monitors, floor sweepers, score sheet runners, crowd control, etc.)		YES NO
Organization from school to run concessions Name of organization _____		YES NO
Misc. Conference Tables		YES NO
Any concerns (parking, overall building layout, capacity, etc.)		

Any special stipulations:

Will there be a rental fee in addition to any of the above costs?

Any other information we should consider when evaluating your site?

Signature of Contact Person

Signature of Athletic Director

Date

This form must be returned by September 30, 2010 for consideration of the 2012 competition season.

Please attach any pictures you feel you help with our decisions and your facility.

Please mail to Lorie Evers, N4467 Dorothy Jane Ct. Kaukauna, WI 54130 or fax to 920-788-7700 or email to

eversl@freedomschools.k12.wi.us