

Request for Proposal

NY-USAW, Inc. – Section XI

Request for Proposal

For

Youth Sectional Folkstyle Qualifier

Date Issued: 10/22/2012

Date Due: 12/15/2012

Submitted by: _____

Representative of: _____
(Host)

Please keep my submission on file for future year's bids. _____

This submission is only to be used for this bid. _____

General Information

NYUSA Wrestling, Inc. – Section XI is looking for locations to host the Youth Sectional Folkstyle Qualifying tournament for wrestling. The event will serve to determine the sectional representatives at the NYS USAW Youth Folkstyle Wrestling Championships.

The event will be awarded for two (2) consecutive years based on the fulfillment of all requirements set forth herein.

Criteria

The Host agrees to the stipulated requirements and is contracted to provide the physical and staffing needs of the event(s). The following criteria will be used to during the selection process to determine which respondent is awarded the bid:

1. Club MUST be a USAW Chartered Club in order to submit a response and be considered.
2. Entry Fee: \$30 (Set by Section and may be changed for future events)
3. Spectator Admission: \$3/Adult & \$1/Child (Set by Section and may be changed for future events). Host will be required to provide the number of attendees as part of its financial report.
4. Weigh-Ins
 - a. The Host will provide a weigh-in site with a minimum of two (2) certified digital scales on the Wednesday through Friday (prior to the event) from 5:30pm – 9:00pm. Additionally, the host will be required to supply a Seeding Meeting Area (must fit a minimum of 20 people) on the Friday (of the event) from 9:00pm – 11:59pm.
 - b. Will the host staff the weigh-in? ____ If so, what qualifications will the individuals have? _____ (must have a current USAW Coaches/Officials Card – having passed background check at a minimum)
5. Tournament Requirements
 - a. Dates
 - i. February (the Saturday and Sunday prior to Presidents Day)
 - ii. Alternate Dates proposed _____ (alternate dates will be considered, however, the dates given provide the least conflicts).
 - b. Mats
 - i. 4 to 6 mats (4 mat minimum)
 - ii. Host will provide ____ mats. Mat sizes will be _____
 - iii. Mat Arrangement (indicate if all mats will be in one room or multiple rooms) _____
 - iv. Scoring devices (describe type of score clocks, flip charts, etc. host will provide) _____
 - c. Seating
 - i. Adequate for a minimum of 400 spectators

- ii. With the above configuration of mats the host can provide spectator seating for approximately _____ spectators.
- d. Financial Report must be provided by host to Sectional Chairperson within thirty (30) days following the event detailing revenue(s) received and expenses paid.
- e. Other staff
 - i. Trainer/EMS – What credentials will the onsite medical staff have? _____
 - ii. Will there be mat side security? _____ If so, please describe.
- f. Event
 - i. Head Table (unless otherwise specified, the Section will run the Head Table)
 - 1. Will the host be running the head table? ____ If so, what software will be used? Section will supply a spreadsheet with entry info.
 - ii. Will the host be providing an Announcer to call matches? _____
 - iii. Host will post results within five (5) days of the event conclusion.
 - iv. Mat side scoring tables
 - 1. Host agrees to staff each mat table (1 per mat) with a minimum of two (2) adults at all times.
 - v. Will an awards podium be available? _____ Please describe how you will handle the presentation of awards. _____

- g. State Event Registration Table – Host will be required to supply a table where the Sectional Kids Director or other Sectional representative will sit to collect entry forms/fees from athletes who qualify for the NYS event.
- h. Officials will be hired and paid for by the Section. Will Officials be provided with a separate changing area? _____
- i. Food Concession
 - i. State the hours of concession operation? _____
 - ii. Give a brief description of what will be provided for sale:

 - iii. Will food and water be provided free of charge to table help, officials, and other volunteers? _____ Yes _____ No

- j. Would you host a Schoolboy Freestyle round robin event on the Saturday?_____ If so, what resources will you provide to run the event (Staff, mats, etc.)? _____

Note: The above must be **in addition** to those provided for the Folkstyle event.

k. Merchandise / Apparel Sales

- i. What are the hours of operation and what will be offered for sale? _____

l. Miscellaneous

- i. Will a program be created and sold? _____
ii. Please describe any other promotions related to the event.

6. Finances

- i. Section will pay for:
1. Officials
 2. Event Sanction
 3. Section run Head Table
 4. Supplemental Security
- ii. Section will receive 100% of the entry fees less \$_____ per entry which will go to host (enter \$0 - \$10). The amount will be a consideration when awarding the bid.
- iii. Host will pay for:
1. Any costs associated with the facility
 2. Awards
 3. Building Security
 4. All workers and/or volunteers involved with setup, cleanup, and running the event
 5. Any costs associated with acquiring or transporting wrestling mats
 6. All supplies required to properly run a wrestling tournament
 7. Non-section run Head Table (if applicable)
 8. On-site Medical Staff
- iv. Host will receive
1. 100% of the Admission fees (Gate)
 2. 100% of the Concession Sales
 3. 100% of any Merchandise proceeds
 4. 100% of any third-party proceeds
 5. \$0-\$10 (as indicated above) of the Entry Fee

7. Host Information:

- a. Contact Name: _____ Phone#: _____
Contact Email address: _____
Venue Address: _____

Proposals are due **no later than 4:00PM December 15**. Late responses may not be considered. Submit responses to:

Ted DiPasquale
Kids Director, NY-USAW Section XI
12 Cinderella Lane
East Setauket, NY 11733
theo722@optonline.net
(516) 449-0961

Please submit one by Email, and one by mail.

Please also send an Email copy to Dean Zenie (Chairperson) rdzenie@aol.com.

Kindly list one person as your contact for clarification purposes should the Tournament Committee have any questions regarding your application. Please list that person's name, address, phone, cell phone. And, hopefully that person will be available when the committee meets. The Section will attempt to publicize such meeting time and place in advance.

All applications will be considered the property of NY-USAW, Inc. – Section XI

Confidentiality

Applications submitted for consideration will be held in confidence and not made available to other applicants for review or comparison. Proposals submitted and terms and conditions specified in each host club's application will remain the property of NY-USAW, Inc. – Section XI.

Disclaimer

This RFP does not commit NY-USAW, Inc. – Section XI to pay any cost incurred in the preparation or submission of any application or to procure or contract for any services and will, at its discretion, award the bid to the club responsible for submitting the best application that complies with the RFP. NY-USAW, Inc. – Section XI may, at its sole discretion, reject any or all applications received or waive minor defects, irregularities, or informalities therein.

Sample Event Flier can be provided

Intermediate – Born 20XX – 20XX

20XX Suffolk County Youth Wrestling Championships

Top 6 place winners qualify for the 2012 New York State Championships

Sunday, February XX, 20XX

To Be Determined High School, Any Street, Sometown NY, 11111

Tournament Questions: Joe TourneyDirector- tourneydirect@abcl.com - (631)555-1212

General Information:

****IMPORTANT** Registration by mail ONLY - This form is for Intermediates ONLY Registration by mail ONLY -**

- **Wrestlers must be current Suffolk County Residents only.**
- **Entry fee** - \$35.00 NO REFUNDS. Must be postmarked by Feb. XX, 20XX
 - **Make checks payable to:** Club Name
- **Mail to:** Tourney Director Name, Address Rd., Sometown, NY 11111
- **General Admission:** \$4.00 -Seniors & Students \$2.00.(under 5 free)
 - **A health professional:** available all day.
 - **A Concession Area:** will be open throughout the day.
 - A photographer will be on hand all day!
- T-shirts may be pre-ordered for \$xx.00. They will be available at the event for \$xx.00.
 - NYS Championships will be held on March ??, @ Wherever High School

Registration Information:

- ABSOLUTELY NO WALK-INS (see info. above) MAIL-IN REGISTRATION ONLY.
- Weigh – in times and locations are as follows: **PLEASE NOTE: Registration deadline is 2/XX/XX. NO REGISTRATIONS WILL BE ACCEPTED AT WEIGHINS.**
 - (1) TBD High School, Thursday, 2/XX/XX from 5:00-9:00 pm.
(Must show USA Card at weigh-ins)
 - (2) Location2 High School Thursday 2/XX/XX from 5:00pm-9:00pm.
(Must show USA Card at weigh-ins)
- **CHECK-IN TIME: 7:30 a.m., Sunday, February XXth**
 - **START TIME: 8:30 a.m., Sunday, February XXth**
 - **Must make exact weight –No allowances**

Tournament Rules:

- USA WRESTLING sanctions this event and competitors must submit USA card # on attached entry form to participate
- All participants, coaches, and spectators are expected to be respectful and exhibit good sportsmanship.
 - ONLY Coaches with USA Cards will be permitted on mats, maximum 2 Coaches per corner
 - Folkstyle, New York State rules. Bout Times: Intermediate 1 - 1 - 1, Overtime: H.S Rules
 - **Seeding Meeting will be done Friday, February XXth, 7:00pm at TBD HS Faculty Room**
All Coaches with valid 2011-12 are welcome!

- Headgear, Singlets or gym shorts, wrestling shoes or sneakers required.
- Awards: Awards will ONLY be presented after the completion of the **entire Intermediate Bracket (No exceptions)**

All wrestlers who qualify for the NYS Championships must register immediately after the Awards Ceremony.

- **NO FOOD OR DRINKS ALLOWED IN GYM. Not responsible for lost/stolen items.**

**Important Note: This form is for Intermediates Only
(Born 20XX – 20XX).**

Intermediate

Division Birth year

Intermediate 20XX – 20XX

Weight Class

50, 55, 60, 65, 70, 75, 80, 87, 95, 103, 112, 120, 120+ (20 lbs. Max difference)

*** Seeding Guidelines: the top 4 in each Weight/Age Division will be seeded using a point system based on the last two years of results as follows:**

State Tournament – 1st = 10, 2nd = 9, 3rd = 8, 4th = 6, 5th = 5, 6th = 3.

County Tournament – 1st = 6, 2nd = 5, 3rd = 4, 4th = 2.

(Seeding Guidelines: the top 8 (or up to 50% of the bracket) will be seeded. If there are 6 seed-able kids in an 8-man bracket, top 4 are seeded. If there are 12 seed-able kids in a 26-man bracket, only top 8 are seeded.)

MUST MAKE EXACT WEIGHT – NO WEIGHT ALLOWANCES!!

All wrestlers who qualify for the NYS Championships must register immediately after the awards ceremony. There will be a registration table.

Must mail this form along with:

1. Entry fee,
2. Copy Of Birth Certificate (no exceptions)
3. Proof of residence*. * Proof of residence: recent school report card

Entry Form - Intermediate

NAME _____

USA Card # _____ Year born _____ Weight Class _____

Club/School _____ Grade _____ Phone # _____

e-mail _____

Address _____ Town _____ Zip Code _____

Place at 20XX Suffolk County: _____ Division _____ Weight _____

Place at 20XX States _____ Division _____ Weight _____

Place at 20XX Suffolk County : _____ Division _____ Weight _____

Place at 20XX States _____ Division _____ Weight _____

T-shirts may be pre-ordered for \$xx.00. They will be available at the event for \$15.00. If you would like to pre-order t-shirt(s), please add the cost to the entry fee and provide size(s) below.

Size(s) _____ Total # of t-shirts _____

Entry Fee \$ _____ + t-shirt \$ _____ = Total paid \$ _____

I, the parent of _____ assume full
responsibility for

my child in case of any injuries he/she may receive traveling to, during, or traveling from the wrestling tournament held at TBD High School on February XXth & XXth, 20XX or the associated registration and/or weigh-ins. This contest indicates that I will assume all responsibilities for accident insurance and will hold harmless the tournament officials, referees TBD School District, and their agents.

Signature of Parent / Guardian:

For office use:

Copy of USA card _____ proof of residency _____ t-shirt ordered: Y/N _____ paid for: Y/N

Check # _____ Date received _____ Amount paid _____