



USA ROLLER SPORTS 2019 World Roller Games Qualifier Bid Application

SKATING CENTER NAME: _____

OWNER/OPERATOR: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

CONTACT NAME: _____

CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

DATES AVAILABLE IN APRIL 2019 PLEASE CIRCLE:

(Will need Friday 6am to 6pm, Saturday 6am to 6pm, and Sunday 6am to 11pm)

APRIL 5-7, 2019 ~ APRIL 12-14, ~ APRIL 19-21 ~ APRIL 26-28

PROPOSED RENTAL FEE: PER DAY \$ _____ OR TOTAL \$ _____

FLOOR ~ SIZE: ___x___ TYPE: _____ COATING: _____

SEATING ~ TYPE: _____ NUMBER: _____

OFFICIAL STAGE ON: SIDE _____ END _____ NONE _____

AWARDS PODIUM: YES _____ NO _____

OFFICIALS ROOM: YES _____ NO _____

DRESSING ROOMS: YES _____ NO _____

Please send response to:

figurechair@usarollersports.org