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#### **EVENT SPECIFICATION**

This document to be completed and signed for each individual event organised by London Gymnastics at the facility/venue no later than 4 weeks prior to the event.

Signed copies to be sent to the following:

**Major Events Organiser Venue Owner Event organiser** 

Venue:			
Venue Contact:			
Discipline:			
Date/s:			
Time/s:			
Event Organiser:			
Contact details:			
NUMBERS EXPECTED			
Number of gymnasts + coaches			
Number of spectators			
Number of judges			
Number of officials			
	·		
REQUIRED EQUIPMENT – Ver	nue operator to supply	Yes	No
Bleacher Seating – state number of s	seats		
Scoring Equipment			
Sound System to include suitable ma microphone.	arch around music, medal presentation music and		
Advance Ticket Sales			
HEALTH & SAFETY EQUIPME	NT - Venue operator to supply	Yes	No
Defibrillator			
Spinal Board			
Wheelchair			
moderal	2 of 8		1 08 January 2

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## **EVENT SPECIFICATION**

**EVENT ORGANISERS CHECK LIST** 

GYMNASTICS

Do you require the following?									
Transfer the numbers required to t	the <b>SET UP</b>	REQUIREME	NT sched	dule on the following page.					
Add additional items as required									
	,	Yes	No	Comments					
	Venue	Organiser							
Control Table									
Registration Table									
Medal Table									
Medal Presentation Rostrum									
Medal Cushions									
Judges Tables									
Judges Chairs									
Judges Water									
Judges Sweet Bowls									
Judges Sweets									
Stage									
Gymnast/Coaches Chairs									
Gymnast/Coaches Benches									
Screens									
Radios/Walkie Talkies									
Chalk									
Spectator Wristbands/stamp									
Event Specific Signage									
Photocopying				Copies @					
Stationery – pens/paper									

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		Yes	No	Comments
	Venue	Organiser		
Runners				No required
Stewards				No required
Car Park Attendants				No required
LG Table Runners				
Black Table Clothes				
Zone Stall				

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<b>SET UP REQUIREMENTS – V</b>	ENUE TO	O SUPPL	Y				
Date / time of set up required							
Amend names of locations and ec	uipment r	equired as	appropria	te to the e	event and	venue.	
	Main Hall/Gym	Warm up Area	Judges Meeting Room	Shopping Mall	Location 4	Location 5	TOTALS
Rectangular Tables							
Round tables							
Chairs							
Stage							
Benches							
Screens							
Stage							
Radios/Walkie Talkies							
			<u> </u>	<u> </u>			

<b>VENUE PAYMENT DETAILS</b>	
Account Name	
Sort Code	
Account Number	

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EVENT TIMINGS	Day 1	Day 2	Day 3
Officials arrival time			
Competitors arrival time			
Spectator doors open			
Judges meeting time			
Coaches meeting time			
Official meeting time:			
Refreshments /meals served:			
Times for refreshments /meals:			
Finish time:			
ADDITIONAL INFORMATI	ON		
Signature of venue representation	<i></i>		
Print Name			
Signature of Event Representation	ve		
Print Name			
Date			

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## **EVENT SPECIFICATION**

#### Appendix 1 **CATERING SCHEDULE**

Afternoon tea

Venue:							
Venue Cor	ntact:						
Discipline:							
Date/s							
Time/s							
Event Orga	aniser:						
Contact de	etails:						
Catering S	upervisor						
Contact de	etails						
	2 weeks before the event an itemised quantity and unit cost proforma that shows each item must be attached to the Catering Schedule						
JUDGES N	1EALS						
	Time		Location	No of people	Description		
Day 1		Breakfast					
		Lunch					

Day 2	Breakfast	
	Lunch	
	LUIICII	
	Afternoon tea	
Day 3	Breakfast	
	Lunch	
	Afternoon tea	
	7 of 8	

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<b>OFFICIA</b>	LS MEALS						
	Time		Location	No of people	Descript	tion	
Day 1		Breakfast					
		Lunch					
		Afternoon tea					
	1	1	Т				
Day 2		Breakfast					
		Lunch					
		Afternoon tea					
			<u> </u>				
Day 3		Breakfast					
		Lunch					
		Afternoon tea					
					1		
Moal tick	ate will be	issued by the Eve	ent Organica			Yes	No
		representative					
Print Na	me						
Signatui	re of Event	Representative					
Print Na	me						
Date							