**FORM OF FORMAL PROPOSAL FOR HOSTING PAHF EVENTS**

***(Please complete one form per Event)***

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| **GENERAL INFORMATION** |
| **National Association (NA)** |  |
| **Responsible Person (President or General Secretary only)** | Name:  | Position:  |
| **Name of Tournament NA is bidding for** |  | Gender: | W |  | M |  |
| Proposed dates for Event |  | Alternative dates for Event |  |
| Will to host PAHF Board/Committee Meetings? | Yes |  | No |  | Will to host Courses during Event? | Yes |  | No |  |
| **FACILITIES** |
| **Own Pitch?** | Yes |  | No |  | Address: |
| **Field Specification** | Water |  | Sand |  | Indoor |  | **Number of available pitches** | Water | Sand | Indoor |
| **Pitch built in: (date)** |  | Please detail pitch conditions, watering system, etc. Add pictures, if available. |
| **Lights:** | Yes |  | No |  | **Doping control area:** | Yes |  | No |  | **Doping Agency:** |
| **Stands / Seating** | Yes |  | No |  | **Press Room:** | Yes |  | No |  | **Internet:** | Yes |  | No |  |
| Temporary | Number: | Permanent | Number: | Comments: |
| **Changing Rooms** | Number: | **Stadium Offices:** | Yes |  | No |  | Number: |
| **Rooms for Meetings** | Number: | **Medical Room *(First Aid)*** | Yes |  | No |  | Comments: |
| **ACCOMMODATION** |
| Proposed **Hotel for** **Officials**:Name:Address: |
| Standard: |  | Single room cost |  |
| Double room cost |  | Charge for Internet? | Yes |  | No |  |
| Distance from hotel to stadium (km/time) |  | Meeting Rooms at hotel? | Yes |  | No |  |
| Restaurant at hotel? | Yes |  | No |  | Comments: |
| Proposed **Hotel for Teams 1**:Name:Address: |
| Standard: |  | Single room cost |  |
| Double room cost |  | Charge for Internet? | Yes |  | No |  |
| Distance from hotel to stadium (km/time) |  | Meeting Rooms at hotel? | Yes |  | No |  |
| Restaurant at hotel? | Yes |  | No |  | Comments: |
| Proposed **Hotel for Teams 2**:Name:Address: |
| Standard: |  | Single room cost |  |
| Double room cost |  | Charge for Internet? | Yes |  | No |  |
| Distance from hotel to stadium (km/time) |  | Meeting Rooms at hotel? | Yes |  | No |  |
| Restaurant at hotel? | Yes |  | No |  | Comments: |
| Proposed **Hotel for Teams 3**:Name:Address: |
| Standard: |  | Single room cost |  |
| Double room cost |  | Charge for Internet? | Yes |  | No |  |
| Distance from hotel to stadium (km/time) |  | Meeting Rooms at hotel? | Yes |  | No |  |
| Restaurant at hotel? | Yes |  | No |  | Comments: |
| **LOCAL TRANSPORT** |
| Detail Transport for officials to/from airport |  | Detail Transport for officials to/from stadium |  |
| Detail Transport for teams to/from airport |  | Detail Transport for teams to/from stadium |  |
| Detail transport for TD  |  | Detail transport for PAHF representative  |  |
| **SOCIAL EVENTS** |
| Opening Ceremony | Yes |  | No |  | Closing Ceremony | Yes |  | No |  |
| Provide details of ceremonies: |
| Official Dinner | Yes |  | No |  | Other Social Events | Yes |  | No |  |
| Provide details of the kind of social event and if any authorities from Government or Sports Organisms will be invited |
| **SPONSORS** |
| Are there sponsor(s) for the Event? | Yes |  | No |  | Name of Sponsor(s) |  |
| Business Sector of the Sponsor? |  | Location of publicity?(Clarify if it is at clothing, posters, banners, etc) |  |
| **INSURANCE** |
| Detail kind of coverage, reach, dates, insurance company, etc |
| **ORGANIZING COMMITTEE*****(please provide Names, e-mails and contact telephone numbers)*** |
| President: |
| Press Officer: |
| Logistic/Operations Officer: |
| Other positions (clarify): |

***Important Note***

The requested information is only for information purposes; the form will be forwarded to a Bid Evaluation Committee who will make recommendations to the Board of Directors. You will be contacted as the Bid Process progresses. If your proposal is accepted, a formal agreement will be signed between your **NA and PAHF.**

Send back this Form and Annexes (if applicable), filled in and signed, to Julio F Neves, PAHF Managing Director, at Julio.Neves@panamhockey.org. Please copy Willard Harris, PAHF Competitions Committee Chair, at willardpharris@gmail.com **before March 31, 2016.**

***Signatory and stamp of the National Association***

Name:

Position:

National Association:

Date:

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| Internal UseReceived: date:Attachments details:Sent to: date: |