



# **2019 Southern Zone Diversity and Inclusion Select Camp Application**

Mail completed application along with requested attachments listed to :

**Suzanne Dangelmaier**  
**c/o MARS**  
SZ Diversity and Inclusion Select Camp  
P.O. Box 13849  
Arlington, TX 76094

**Application Deadline: September 1, 2017**

**Questions or concerns regarding this application may be directed  
to:**

Suzanne Dangelmaier  
Southern Zone Diversity and Inclusion Coordinator  
Phone: 214-793-4773  
Email: [coachsuzanne@marswim.org](mailto:coachsuzanne@marswim.org)

Bids to host this camp will be reviewed by the SZ Diversity Advisory Committee from September 1 -  
September 30 2017.  
Voting will take place via e-vote on October 3, 2017



**2019 Southern Zone Select Diversity and Inclusion Camp  
Host Application**



**Purpose:**

Celebrate the opportunities for diversity in swimming in the Eastern Zone through inspiration of athletes, coaches and volunteers. Create local ambassadors and leaders to grow our sport.

**Goals:**

Empower athletes from ethnically under represented populations and their coaches to:

- Demonstrate the viability of multicultural success in swimming within their local LSC
- Achieve performance excellence throughout the sport
- Introduce the benefits and value of participating in the sport of swimming
- Develop positive leaders and role models that others from multicultural backgrounds can emulate
- Connect, network and promote the virtues of the sport of swimming through a comprehensive strategy involving the athletes, coaches and LSC Diversity Chairs in their own local LSCs and throughout the Southern Zone.

**Attendees:**

Approximately 45 athletes (20+ boys / 20+ girls) ages 13-16 years olds (minimum male and female from each zone) along with Coaches and LSC Diversity Chairs are invited to attend.

**Number Of Attendees:**

3 athletes from each LSC in the Central Zone  
1 coach from each LSC  
1 Diversity Coordinator from each LSC

**Athlete Age:**

13-16 years of age at the time of the camp (9-10th grades)

**Qualifications:**

Athletes must have qualified in at least one individual event in their local LSC championship meet in either SCY or LC seasons. In the event that there are no qualifying swimmers, the LSC can elect to send two athletes of its choice.

**Selection:**

Each LSC will select the two athletes they wish to represent that LSC using the application attached. The LSC will then select one coach from a diverse cultural group or a coach of a diverse cultural team based on their own LSC evaluation.

**Coaches And Diversity Chairs:**

The coach and Diversity Chair track will include observing in water workouts, classroom sessions with guest speakers and strategic planning sessions and goal setting with their LSC specific athletes

**Camp Schedule:**

The camp program will include a combination of pool training, motivational and education sessions, networking and strategic planning sessions for members of each LSC, and team building activities.

**Dates:**

It is proposed that athletes will arrive Thursday late afternoon/ evening and depart Sunday morning.

**Host Information**

LSC: \_\_\_\_\_

CONTACT PERSON /COORDINATOR: (Should be the same person submitting this application)

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Submitted Dates for Camp: \_\_\_\_\_ - \_\_\_\_\_

**Pool Location(s)**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

No of lanes: \_\_\_\_\_ Length: \_\_\_\_\_ Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_

Classroom available at pool facility: No: \_\_\_\_\_ Yes \_\_\_\_\_ Number of rooms available: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

No of lanes: \_\_\_\_\_ Length: \_\_\_\_\_ Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_

Classroom available at pool facility: No: \_\_\_\_\_ Yes \_\_\_\_\_ Number of rooms available: \_\_\_\_\_

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**Seminar Location(s)**

Facility Name \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of classrooms: \_\_\_\_\_

Types of audio/visual equipment available in each room please supply numbers below:

LCD Projectors: \_\_\_\_\_ Computers: \_\_\_\_\_ Internet access: Yes \_\_\_\_\_ No: \_\_\_\_\_

Other Features?

Facility Name \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of classrooms: \_\_\_\_\_

Types of audio/visual equipment available in each room please supply information below:

LCD Projectors: \_\_\_\_\_ Computers: \_\_\_\_\_ Internet access: Yes \_\_\_\_\_ No: \_\_\_\_\_

Other Features?

**Lodging Location**

Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of athletes per room \_\_\_\_\_ Number of adults per room: \_\_\_\_\_

Common gathering area available: Yes \_\_\_\_\_ No \_\_\_\_\_

Meal availability at location: Yes \_\_\_ No \_\_\_\_\_

**Funding:**

Each LSC will fund three athletes, a coach and their Diversity Chair to the camp. Funding will need to include their transportation to and from the camp, USA Swimming will fund \$4000.00 for the camp host which will be a receipt driven report filed to USA Swimming for the amount. Host LSC will pay upfront cost with funding coming from other LSCs for participants.

**Funding required from each LSC per attendee: \$ \_\_\_\_\_**

Funding will need to include their transportation to and from the camp lodging and meals, detailed below.

**Approximate Estimated Detailed Costs:**

**Airport Transportation:**

Will be provided at no cost to participant: Yes \_\_\_\_\_ No: \_\_\_\_\_

Will be provided at a cost of \$ \_\_\_\_\_ per participant

Pool: \$ \_\_\_\_\_ Seminar Room: \$ \_\_\_\_\_ Lodging Per Room: \$ \_\_\_\_\_

**Local transportation provided to/from practice or special camp activities (if necessary):**

Number / size of vans or buses / cost: \_\_\_\_\_ / \_\_\_\_\_ / \$ \_\_\_\_\_

Overall Snacks / Drinks \$ \_\_\_\_\_

Overall Admin / Supply Cost \$ \_\_\_\_\_

**Other Estimated costs per individual:**

Breakfast Meals: Day 1\$ \_\_\_\_\_ Day 2\$ \_\_\_\_\_ Day 3\$ \_\_\_\_\_ Totals\$ \_\_\_\_\_

Lunch Meals: Day 1\$ \_\_\_\_\_ Day 2\$ \_\_\_\_\_ Day 3\$ \_\_\_\_\_ Totals\$ \_\_\_\_\_

Dinner Meals: Day 1\$ \_\_\_\_\_ Day 2\$ \_\_\_\_\_ Day 3\$ \_\_\_\_\_ Totals\$ \_\_\_\_\_

**USA-S Staff:** Requests for staff from the Club Development and Sports Performance division can be requested.

\_\_\_\_ Yes we will be requesting USA Swimming to send a Sports Performance consultant

\_\_\_\_ Yes we will be requesting USA Swimming to send a Club Development consultant

**ON AN ADDITIONAL PAGE ATTACHED TO THIS APPLICATION PLEASE DESCRIBE THE FOLLOWING:**

- GUEST SPEAKERS AND IF POSSIBLE THEIR BIOS
- SOCIAL ACTIVITY PLANNED WHEN, WHERE, WHAT
- SCHEDULE OF THE CAMP INCLUDING POOL SCHEDULE

**Application Submission Deadline: December 1, 2013**

SUBMIT COMPLETED APPLICATION TO:

**Suzanne Dangelmaier  
c/o MARS**

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