

# Strength and Conditioning Training Bidder Information Sheet

**1. Business Contact Information**

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Instructor Information**

2.1 Instructor Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2.1 Instructor Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2.1 Instructor Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**3. Experience**

2.1  Years Company: \_\_\_\_\_

References: \_\_\_\_\_ Contact: \_\_\_\_\_

References: \_\_\_\_\_ Contact: \_\_\_\_\_

2.2  Years Company: \_\_\_\_\_

References: \_\_\_\_\_ Contact: \_\_\_\_\_

References: \_\_\_\_\_ Contact: \_\_\_\_\_

2.3  Years Company: \_\_\_\_\_

References: \_\_\_\_\_ Contact: \_\_\_\_\_

References: \_\_\_\_\_ Contact: \_\_\_\_\_

**4. Prices**

4.1

*\*Instructor Fee Price Per athlete per month* *\*Gym fee if any Price Per Athlete Per Month*

**5. Declaration**

I hereby certify that the above information given are true and correct.

\_\_\_\_\_  
Name ID Card# Date Signature and Stamp

**5. Documents to be submitted with this sheet**

- Registration Certificate
- ID Card Copy Instructors and Owners
- 5 Months Training Schedule
- Proposal
- CV of Instructors
- Marks Given as: 70 Price, 10 Proposal, 10 Schedule, 10 Experience