



Judging Contract

Name of Judge: _____

Name of Meet _____

Date(s) of Meet _____ Location _____

Meet Director _____ Phone _____

Address _____

Street City State Zip

Fax _____ email _____

Level of Meet Level 3 _____ # of Sessions _____

Level 4 _____ # of Sessions _____

Level 5 _____ # of Sessions _____

Level 6 _____ # of Sessions _____

Level 7 _____ # of Sessions _____

Level 8 _____ # of Sessions _____

Level 9 _____ # of Sessions _____

Level 10 _____ # of Sessions _____

Group _____ # of Sessions _____

Post Meet Evaluation _____ Description: _____

Lodging Arrangements _____

Travel Arrangements _____

Judging Assignment (events, levels) _____

Other Judges _____

Other Information _____

Note: Expenses for tolls, parking and other will be provided only with receipt.

Signature of assigning official _____ Phone _____

Date contract sent _____

I HEREBY AGREE TO THE ABOVE ASSIGNMENT WITH STATED TERMS:

Judges Signature () Home Phone () Work Phone

Address City ST Zip

Fax _____ email _____

USAG # _____ Rating _____ Date _____

- Keep one copy and return others to:
1. Regional Judging Coordinator
 2. Meet Director

****PLEASE ATTACH SPECIFIC DIRECTIONS TO MEET SITE****