



Rhythmic Gymnastics Final Confirmation for Judges

To: Name of Judge _____
 From: Meet Directors Name _____
 Address _____

 24 hr Phone/cell _____
 Fax _____
 Email _____

The best time to call on these days _____ between the hours of _____ and _____.

Type of competition LOCAL STATE REGIONAL INVITATIONAL
 Meet will qualify gymnast to STATE REGIONAL OTHER _____
 Name of competition _____
 Site location _____

Date(s) to be held _____

Please answer as best as possible the following questions:

First day of competition Date: _____

Approximate start time _____

Levels planned for first day 5 6 7 8 9/10 Group

These levels will compete in a.m. _____

These levels will compete in p.m. _____

Second day of competition Date: _____

Approximate start time _____

Levels planned for second day 5 6 7 8 9/10 Group

These levels will compete in a.m. _____

These levels will compete in p.m. _____

Approximate number of gymnasts expected _____

Lodging arrangements and confirmation number _____

Travel arrangements and flight confirmation number _____

Judging assignments (levels) _____

Other information _____

 Meet Director Signature

 Date