



Judging Course Application

HOST ORGANIZATION _____

ADDRESS _____

CONTACT PERSON (S) _____

PHONE _____ BEST TIME TO CALL _____

E-MAIL _____ FAX _____

JUDGING COURSE DATE (S) REQUESTED _____

NAME OF EVENT _____

COURSE LOCATION _____

AREA: _____ blocked off gym/hall area _____ classroom _____ office _____ other room

Course Levels	# Hours	Start Time	Ending Time	Instructor Fee
_____ Basic Course	_____	_____	_____	_____
_____ Lev 6 Extended	_____	_____	_____	_____
_____ Lev 7 Extended	_____	_____	_____	_____
_____ Level 8	_____	_____	_____	_____

(The above start and ending times may be subject to change by the Judging Course instructor).

Other Activities during the course weekend: _____ competition _____ clinic _____ other

Materials available for the course:

Television & video/DVD machine _____ Blackboard _____ Easel _____
Overhead projector (optional) _____ Pencils for testing _____ Other _____

The Host Organization of this event understands it is responsible for all expenses and liabilities related to this event.

AUTHORIZED SIGNATURE of Host Organization DATE

USAG membership #: _____ Safety Cert expires: _____

For RTC: Application reference # _____ Date application received _____

Signature (Regional Technical Chairman) Date APPLICATION APPROVED: yes pending no
(send a copy to USA Gymnastics Office)