

ame of Meet:		MNASTICS JU	IDGES' CONTRA	^ T	
lame of Meet:			DOES CONTRA		
	Name of Meet:		Date(s):		
Judges' Report Time	Day 1:		Day 2:	Day 3:	
Meet Start Time	Day 1:		Day 2:	Day 3:	
Number of Sessions / Day	Day 1:		Day 2:	Day 3:	
vent Venue Name:					
enue Address:		City:		State:	Zip:
ype of Meet:	Levels /	Divisions:		Fin	als?
leet Director:		Assig	ning Official:		
hone:			Phone:		
mail:			Email:		
RAVEL ARRANGEMENTS					
lost Hotel name:			Occup	ancy: SINGLE	DOUBLE
lotel address:			City:	Stc	nte: Zip:
XPENSE ESTIMATES: Please	e specify expenses li	sted below the	nt vou will request	for reimbursement	
ravel: current IRS rate irfare = \$	_ X				
Airline:		Flight #:		Airport:	
Arrival Date:		Arrival Time:			
Departure Date: leals: For any meals not prov		Departure Tim	e:		
# of Breakfasts # of Lunches # of Dinners		\$	40 per day (for 8 h	imum of 3 hr. but less thr. or more) o maximum of \$60 per o	
Lodging Required: We	edThurs	Fri	Sat	Sun	Mon
Miscellaneous Expense	es:		T .		
Airport Parking	irport (miles RT x (curr	ant IDC rata / mi	\$		
Tolls	iirport (miles ki x (curr	ent iks rate / mi	(e) \$ \$		
Other - specify:			\$		
ayment arrangements:		Payment on do	ay of meet?		
The undersigned judge acknow					The undersianed iudae
acknowledges that he/she had undersigned judge may rest immediately contact the US. The term and conditions of your agreement will acknowledg. The foregoing is accepted the	nas become familiar with ult in disciplinary action b A Gymnastics assigning employment are goverr e that you have read, und	n such materials p by USA Gymnastic official. ned by the sanctic derstand and agr	revious to the executions. If any unforeseen proming organization cores to abide by these to	on of this contract. Breach oblems arise in fulfillment aducting the competition. erms and conditions.	of this contract by the of this contract, Your signature on this
Name:	·		-		
Street Address:					
Street Address: Phone: ()		F-mail			
Phone: ()		E-mail			