Date	of Sanction	Request	



Date:	
Deadline:	

REQUEST FOR JUDGES

MEET INFORMATION SHEET

. Name of Meet:				
. Date(s) of Meet:	te(s) of Meet: Reporting Time(s)		Meet Time(s):	
. Location (address):				
. Reporting Place:	eporting Place: Phone:			
. Number of Judges:	Rating:	Meet Refe	eree: Separate	Acting
Number of Judges per panel: _				
. Type/Level of Meet:				
. Number of Days:	s: Sessions per Day: Anticipated No. of Gymnasts:			
Estimated Length of Sessions:	Estimated Length of Sessions: Finals:			
Judges Fee:			*	
0. Travel Arrangements:				
Airline Arrangements by: Meet Director Judge:				<u> </u>
To and From the Airport:				
During the Meet:			-	
11. Housing:				
			Phone:	
12. Meal Arrangements if other th	an as stated in Fee	Structure:		
13. Miscellaneous:				
14. Meet Director:		Assigning Official		
Address:				
Phone (W):		Phone (W):		
Phone (H):		Phone (W): Phone (H):		
I understand the terms and conditional Agreement.				
		Signed		

^{*} Send this form and assigning fee to assigning official 30 days prior to competition.