

2005

AGE GROUP REGION 8 JUDGES' AVAILABILITY and EXPERIENCE RESUMÉ

Check here if any of this info is different from last year

Name: _____ Home #: _____

Address: _____ Work # _____

City: _____ State: _____ Zip: _____

E-mail address _____@_____

USA Gymnastics #: _____ Expiration Date: _____

Current Ratings Held (2001-2005): _____

AVAILABLE	NOT AVAILABLE	NAME OF MEET	SITE	DATES
<input type="checkbox"/>	<input type="checkbox"/>	Level 8 Regionals	Ft. Lauderdale, FL	April 8-10, 2005*
<input type="checkbox"/>	<input type="checkbox"/>	Level 9 & 10 Regionals	Nashville, TN	April 15-17, 2005*
<input type="checkbox"/>	<input type="checkbox"/>	Level 9 Eastern Nationals**	St. Pete, FL	May 6-7, 2005*
<input type="checkbox"/>	<input type="checkbox"/>	Level 10 J.O. Nationals**	TBD	May 12-15, 2005*

* Please note that travel may be necessary on Thursday, Friday and/or Monday if you are assigned to one of these meets.

** Please refer to criteria in the Region 8 Rules and Regulation in Fall 2003 Region 8 Newsletter.

In order to be considered to judge Level 10, 9 or 8 Regionals you must have attended at least one of the following clinics. Please indicate which clinic(s) you have attended:

- 2003 Region 8 Congress (Coral Springs, FL)
- 2003 Region 8 Level 8 Training Camp (Tampa, FL) (For Level 8 Regionals only)
- 2003 USA Gymnastics National Congress (Anaheim, CA)
- 2003 Region 8 Level 9/10 Training Camp (Auburn, AL)

If you wish to have any other clinic(s) considered, you must submit your request **in writing** to Marian Dykes for approval by the Region 8 USAG committee. Please list the date, site, instructors and what this experience afforded you.

In order to be considered to judge Level 10, 9 or 8 Regionals you must have at least 9 hours in-gym experience at the level of regional you are assigned to or higher. Was this card completed and filed by 6/01/04? Yes No

How many Junior Olympic optional invitationals have you judged or contracted to judge from 6/14/2003 to 6/1/2004? _____

*This form must be send back to Marian Dykes with a copy to Sheila Ragle. Failure to respond by June 1, 2004 indicates you **DO NOT** wish to be considered for the above-mentioned meets.*

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Please specify miscellaneous expenses for which you would expect reimbursement:

\$ _____ Airport Parking
\$ _____ Travel to/from the Airport @ 36¢ x _____ miles round-trip
\$ _____ Tolls
\$ _____ Other Expenses (be specific)

Please indicate the nearest departure airport: _____

Do you have any special dietary restraints? Yes No

Please list dietary restraints _____

OTHER INFORMATION

Gym Affiliation: _____

Place of Employment: _____ How early can you leave? _____

You must return this form to: **Marian Dykes**
4651 Buford Highway
Atlanta, GA 30341

Please send a copy to: **Sheila Ragle**
1870 Eagle Summit Court
Lawrenceville, GA 30043-6669

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