

# 2006

## 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	Huntsville, AL	April 7-9, 2006*
<input type="checkbox"/>	<input type="checkbox"/>	Level 9 & 10 Regionals	Kennesaw, GA	Mar 30-Apr 2, 2006*
<input type="checkbox"/>	<input type="checkbox"/>	Level 9 Eastern Nationals**	TBD	April 21-23, 2006*
<input type="checkbox"/>	<input type="checkbox"/>	Level 10 J.O. Nationals**	TBD	April 28-30, 2006*

\* 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:

- 2004 Region 8 Congress (Nashville, TN)
- 2004 Region 8 Level 8 & 9 Training Camp (Tampa, FL) (For Level 8 Regionals only)
- 2004 USA Gymnastics National Congress (Anaheim, CA)
- 2004 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 6/01/05?  Yes  No

How many Junior Olympic optional invitationals have you judged or contracted to judge from 6/14/2004 to 6/1/2005? \_\_\_\_\_

*This form must be send back to Marian Dykes with a copy to Sheila Ragle. Failure to respond by June 1, 2005 indicates you **DO NOT** wish to be considered for the above-mentioned meets.*

*...continued on other side*

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Please specify miscellaneous expenses for which you would expect reimbursement:

\$ \_\_\_\_\_ Airport Parking  
\$ \_\_\_\_\_ Travel to/from the Airport @ 37¢ x \_\_\_\_\_ miles round-trip  
\$ \_\_\_\_\_ Tolls  
\$ \_\_\_\_\_ Other Expenses (be specific)

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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

*This form must be send back to Marian Dykes with a copy to Sheila Ragle. Failure to respond by June 1, 2005 indicates you **DO NOT** wish to be considered for the above-mentioned meets.*