

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 (2005-2009): _____ (Must hold a new Level 10 or higher rating)

AVAILABLE	NOT AVAILABLE	NAME OF MEET	SITE	DATES
<input type="checkbox"/>	<input type="checkbox"/>	Level 8 Regionals	TBD	April 12-15, 2007*
<input type="checkbox"/>	<input type="checkbox"/>	Level 9 & 10 Regionals	TBD	April 19-22, 2007*
<input type="checkbox"/>	<input type="checkbox"/>	Level 9 Eastern Nationals**	TBD	May 11-13, 2007*
<input type="checkbox"/>	<input type="checkbox"/>	Level 10 J.O. Nationals**	TBD	May 18-20, 2007*

* 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 2005 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:

- 2005 National Technical Workshops (Louisville, KY or Reno, NV)
- 2005 NAWGJ Symposium (Portland, OR)
- 2005 Region 8 Level 8 & 9 Training Camp (Orlando, FL) (For Level 8 Regionals only)
- 2005 USA Gymnastics National Congress (Indianapolis, IN)
- 2005 Region 8 Level 9/10 Training Camp and Optional Update (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 6/01/06? Yes No

How many Junior Olympic optional invitationals have you judged or contracted to judge from 6/14/2005 to 6/1/2006? _____

*This form must be send back to Marian Dykes with a copy to Sheila Ragle. Failure to respond by June 1, 2006 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 @ current IRS rate 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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