

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	May 2-4, 2008*
<input type="checkbox"/>	<input type="checkbox"/>	Level 9 & 10 Regionals	TBD	April 17-20, 2008*
<input type="checkbox"/>	<input type="checkbox"/>	Level 9 Eastern Nationals**	TBD	May 9-11, 2008*
<input type="checkbox"/>	<input type="checkbox"/>	Level 10 J.O. Nationals**	TBD	May 16-18, 2008*

* 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 2006 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:

- 2006 Region 8 Congress(Ft. Lauderdale, FL))
- 2006 Region 8 Level 8 & 9 Training Camp (Winston Salem, NC) (For Level 8 Regionals only)
- 2006 USA Gymnastics National Congress (St. Paul, MN)
- 2006 Region 8 Level 9/10 Training Camp (Suwanee, GA)

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 6/01/07? Yes No

How many Junior Olympic optional invitationals have you judged or contracted to judge from 6/14/2006 to 6/1/2007? _____

*This form must be sent back to Marian Dykes with a copy to Sheila Ragle. Failure to respond by June 1, 2007 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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