



JUDGING ACCREDITATION TEST ADMINISTRATORS' EXAMINATION SCHEDULING REQUEST

Requests must be received in the USA Gymnastics office a minimum of 5 weeks prior to the Exam Date. It is the Test Administrator's responsibility to check the USA Gymnastics web site at www.usagym.org/women/judges to verify their Exam has been properly registered.

EXAM DATE (M/D/Y) _____ START TIME _____ AM PM

TEST ADMINISTRATOR _____ USAG PROFESSIONAL MEMBERSHIP # _____

EXAM LOCATION (ADDRESS) _____

CITY _____ STATE _____ ZIP _____

TA EMAIL _____ TA HOME PHONE _____

TA CELL PHONE _____ TA'S ADDRESS _____

THE FOLLOWING TEST PARTS WILL BE OFFERED (CHECK):

	5/6	7/8	9	10
WRITTEN				
PRACTICAL				

SCANTRON Answer Sheet Request: Written (#) _____ Practical (#) _____

ESTIMATED EXPENSES

Actual expenses must be recorded on the Expense Report Form and submitted WITH RECEIPTS and all other testing paperwork at the conclusion of the Examination. All expenses other than nominal ones must be listed here for pre-approval. You will be notified only in the case that the expenses are NOT Approved.

Mileage _____ miles x \$.48.5 _____

Room Rental _____

Per Diem (\$15.00/meal, max. \$30.00 per day) _____

Copying Expense _____

Mailing (trackable USPS, UPS, FedEx, etc.) _____

Other (specify) _____

Honorarium _____

(There MUST be a minimum of 5 exam part registrations to receive an honorarium.)

Honorarium #2 (if more than 50 test parts are anticipated) _____

Assistant TA Name _____ USAG Pro # _____

RETURN TO:
CONNIE MALONEY
USA GYMNASTICS
132 E. WASHINGTON ST., SUITE
700
INDIANAPOLIS, IN 46204
OR FAX: 317.237.5069
cmaloney@usagym.org

Total Estimate _____