



Date of issue:

Deadline to return:

### USA GYMNASICS JUDGES' CONTRACT

Name of Meet \_\_\_\_\_ Date(s) \_\_\_\_\_

Judges' Report Time: \_\_\_\_\_ Meet Time \_\_\_\_\_  
Day 1 Day 2 Day 3 Day 1 Day 2 Day 3

Meet Location \_\_\_\_\_

Type/Level Meet \_\_\_\_\_ Phone # of Meet Site \_\_\_\_\_

Number of Rounds/Day \_\_\_\_\_ Finals ? \_\_\_\_\_  
Day 1 Day 2 Day 3

Payment Arrangements: \_\_\_\_\_ Payment on day of Meet? \_\_\_\_\_ Per Diem \_\_\_\_\_

Travel Arrangements: \_\_\_\_\_

Housing: \_\_\_\_\_  
Hotel Name Address City Phone

Special Meet Arrangements: \_\_\_\_\_ Miscellaneous: \_\_\_\_\_

Meet Director: \_\_\_\_\_ Assigning Official: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

**EXPENSE ESTIMATES:** Please specify expenses listed below that you will request for reimbursement.

Travel: current IRS rate/mile X \_\_\_\_\_ miles (Miles Round-trip minus 30 miles) = \$ \_\_\_\_\_

Airfare Travel: Airline \_\_\_\_\_ Flight # \_\_\_\_\_ Airport \_\_\_\_\_ Airfare = \$ \_\_\_\_\_  
Arrival Date & Time \_\_\_\_\_ Departure Date & Time \_\_\_\_\_

Meals: For any meals not provided by Meet Director:  
# of Breakfasts \_\_\_\_\_ Local Meets: \$15 per day (for minimum of 3 hr. but less than 8 hr.)  
# of Lunches \_\_\_\_\_ \$30 per day (for 8 hr. or more)  
# of Dinners \_\_\_\_\_ Overnight Meets: \$15 per meal to a maximum of \$40 per day

Lodging Required: Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_ Mon. \_\_\_\_\_

Miscellaneous Expenses: Airport Parking \$ \_\_\_\_\_  
Travel to/from Airport (Miles RT .\_\_ x (current IRS rate /mile) \$ \_\_\_\_\_  
Tolls \$ \_\_\_\_\_  
Other (specify: \_\_\_\_\_) \$ \_\_\_\_\_

The undersigned judge acknowledges that he/she is bound by the USAG Rules & Policies and Operating Code. The undersigned judge acknowledges that he/she has become familiar with such materials previous to the execution of this contract. Breach of this contract by the undersigned judge may result in disciplinary action by USA Gymnastics. If any unforeseen problems arise in fulfillment of this contract, immediately contact the USA Gymnastics assigning official.

The term and conditions of your employment are governed by the sanctioning organization conducting the competition. Your signature on this agreement will acknowledge that you have read, understand and agree to abide by these terms and conditions.

The foregoing is accepted the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by the undersigned USAG official whose rating is \_\_\_\_\_.

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

USAG Professional # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_  
Safety Certification Exp. Date \_\_\_\_\_

Return one copy to the assigner and to the Meet Director. Retain one copy for your records