



Judges Course Contract  
Reply Form

This page to be filled out by course instructor and returned to the host organization

JUDGES COURSE INSTRUCTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_ BEST TIME TO CALL \_\_\_\_\_

E- MAIL \_\_\_\_\_ FAX \_\_\_\_\_

USAG membership # \_\_\_\_\_ Safety Expiration year \_\_\_\_\_

JUDGING COURSE \_\_\_\_\_ COURSE DATE(S) \_\_\_\_\_

LOCATION \_\_\_\_\_

Please make the following changes in schedules/ arrangements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I confirm I am available for the above stated event.

\_\_\_\_\_  
Signature of Judging Course Instructor