



Date of issue:

Deadline to return:

USA GYMNASTICS 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 Sessions/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: _____ Address: _____

Cell #: _____ Cell #: _____
E-mail: _____ 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) = _____

Air 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 USA Gymnastics *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 USA Gymnastics official whose rating is _____

Name: _____ Social Security # _____

Address: _____
Street City State Zip

Phone: H _____ Cell: _____ E-mail _____

USA Gym Professional # _____ Exp. Date _____ Signature _____
Safety Certification Exp. Date _____ Background Check Exp. Date _____

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