



Rhythmic Judging Assignment Contract

Official's Name: _____

Event Title: _____

Event Date(s): _____

Event Location: _____

Meet Director: _____

Meet Director's Phone #: _____

Meet Director's Email: _____

Levels you will be judging for this event:

Level 3	Level 4	Level 5	Level 6
Level 7	Level 8	Level 9	Level 10
Group	Xcel		

Additional Services Requested:

Routine Evaluation: _____ Score Sheet Evaluation: _____

Hotel Info: _____

Travel: _____

Judging Coordinator / Assigning Official: _____ Date: ____ / ____ / ____

Contact Phone #: _____

Contact Email: _____

Fax #: _____

Please Sign & Return a copy of this assignment to the Judging Coordinator by email or fax.

I HEREBY AGREE TO THE ASSIGNMENT AS PRESENTED.

Official's Signature: _____

Contact Phone #: _____

Contact Email: _____

Departure City: _____

USA Gymnastics Pro #: _____ Official's Rating: _____

Complete Meet Site Information is attached.