

Date: _____

Deadline: _____

National Association of Women's Gymnastics Judges Official Contract

Your signature below indicates your acceptance of the terms and conditions of this employment.

Name of Meet: _____	Level/Type of Meet: _____
Location (address): _____	Number of Days: _____
	Sessions per Day: _____
Date of Meet: _____	Report Time: _____
	Meet Time: _____

JUDGES MUST DRESS APPROPRIATELY IN THE REQUIRED UNIFORM

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (H) _____ (Cell) _____ (W) _____

Email: _____ Rating: _____

USAG Membership #: _____ Expiration Date: _____ Background Check Expiration: _____

Safety Certification Expiration: _____ NAWGJ Membership #: _____ Expiration Date: _____

The undersigned judge acknowledges that she/he is bound by the Constitution and the Code of Professional Responsibility of NAWGJ. Breach of this contract by the undersigned judge may, in addition to other remedies which may pertain, result in disciplinary action under such Constitution and/or Codes. The undersigned judge acknowledges that she/he has become familiar with such materials previous to execution of this contract. If any unforeseen problems arise in fulfillment of this contract, IMMEDIATELY contact the NAWGJ Assigning Official.

The terms and conditions of your engagement are governed by the Competition Agreement and the organization conducting the competition. Your signature on this agreement will acknowledge that you have read, understand and agree to abide by those terms and conditions.

Agreements not postmarked by the deadline date will necessitate a suitable replacement at no additional cost to the Meet Director whenever possible.

The foregoing is accepted this _____ day of _____, 20____, by the undersigned NAWGJ official.

Signature of Judge _____

Please return a signed copy of this contract to the meet director and to the assigning official.

Meet Director: _____	Assigning Official: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Email: _____	Email: _____

Expense Estimates:

Please specify expenses listed below that you will request for reimbursement:

Travel: \$ _____ = . /mile X _____ Miles Round Trip

Meals: \$ _____ = Breakfast @ \$.00 X _____ (No. requested)

\$ _____ = Lunch @ \$.00 X _____ (No. requested)

\$ _____ = Dinner @ \$.00 X _____ (No. requested)

Miscellaneous Expenses: \$ _____ Other (be specific)